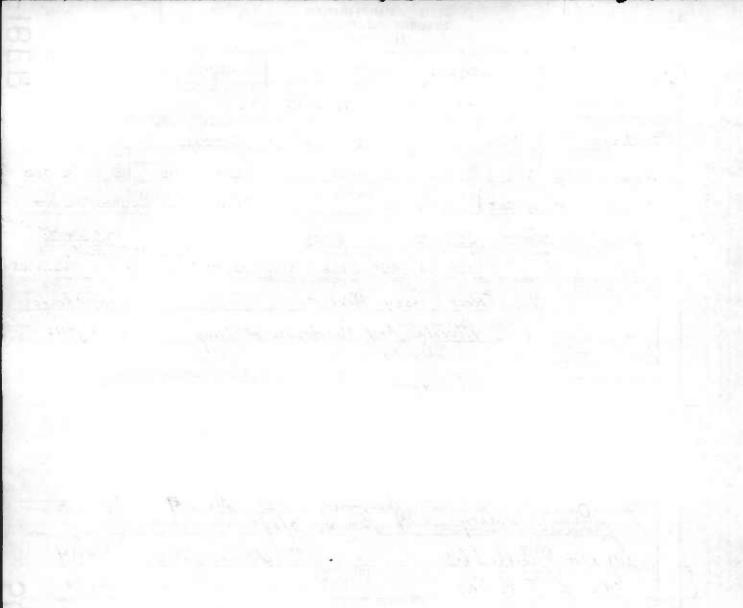
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
l	1. DECEASED NAME FRST (TYPE OR PRINT) Ellen	Imogene	e Ay	er	20. DATE OF DEATH March		Zb. HOUR
	3. SEX Female	White	Sept.	23, 1913	6. AGE (IN YEARS LAST BIR	THDAY) F UNDER	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
1	Indiana	USA	WIDOWE		9 BALTIMORE CITY O		T H MD.
1	W.Friendship		r Mill	Road	120. USUAL OCCUPATION OF OF WORK FOR MOST OF SUPERVIS	OF WORKING LIFE) INDU	IND OF BUSINESS OR ISTRY Post Ofc
1		Y 13c CITY OF		13d INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS P1	ne Orcha	ardDrive
1		ward John		15. MOTHER'S MAIDEN NA. FIRST Mary 17. INFORMANT	WIDDIE		nitener ship, Md
		WAR OR DATES)	44 9456			144 Rove	er Mill R
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (a), (BY: CAUSE (a) RESPIR		Arrest			mmedeate
	Conditions, if ony, which gave rise to immediate cause Io), stating the underlying cause last.	DUE TO, OR AS A CON (b) HIVE	plar Cel	l Carcinoma	of Lung		2 years
	PART 2. OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART Iro
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	ZOB IF YES, WERE IN CERTIFYING CA	
1	OR CONTRIBUTING CAUSE OF DEATH	P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART TOR PA	ART 2)
	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	62-	211 LOCATION STREET	CITY OR TO	COUNTY COUNTY	NTV STATE
	220.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did nat)	January	19 54 .9		death accurred on the de		
	226. SIGNATURE	Celled he			MEDICAL STAI DIRECTOR PHYSIC	FF 4	19/84
	22d PHYSICIAN'S NAME (TYPE OR	T. Cullen		5103 Marl	boro Pike	Hillsid	e, Md
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 13Mar84	Grandy	emetery or crematory iew Cemeter		- VV	ndiana
	M FUNERAL DIRECTO Bert E Suitland			Home MAD	FRECD. BY REGISTRAN	25b. REGISTRAR'S SI	

DHMH - 16 50M 4/83 (VRA 15, 4)



The Antage of Building Page Page

	NDP4G PHYSICIAN. The law requires that the death cestificate be executed within 24 havirs after death. Page 4 mail or attending physician.	8. After this certificate but been signed by the attending physician and completely filled in by the functionalism for use as the bounds bounds permit forms there combone appears. Pages, and 2 should be filled with 2 dates. The results of emerge companies. Pages, and 2 should be filled with 2 dates.
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	NDING PHYSICIAN, The I	R. After this certificate has been signed by the attending physician of use as the bould-triplate permit. Then please sensive conformables: it turned and Alexand House price to burie, it remains a sension.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 7 6 1 8

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.			
	CEASED NAME FIRST		MIDDLE	i.	AST .	20. DATE OF DEATH	HTMOM	DAY	YEAR	26 HOUR
11.11	George	,	Randolo	4 6	Banco	40.00	03	29	84	150 AM
1.5E		4. RACE	The state of the s	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	SIRTHDAY)	IF UND	ERIYEAR	IF UNDER 24 HRS
				MONTH	DAY YEAR	20		MONTHS	DAYS	HOURS MIN.
1	Male		te	09	02 03	0 PAITIMODE CITY	YRS		EATH	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OK COUN	IT OF DI	CAIN	
1	Maryland	u	5A	WIDOWE	DIVORCED	Cari	110	Ca	9	MD.
10 C	TITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPA				BUSINESS OR
1.1	estminctor	(IF NOT IN SU	H FACILITY, GIVE STREET A		C . C. 100	TYPE OF WORK FOR MOST	OF WORKING	1	DUSTRY	+
USU	IAL RESIDENCE (IF NURSING HOUSE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		Conv. Center	эчрг.			re me	tery
13a.	STATE IN SI	W/1/1	13c. CITY OR TOWN		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CC	DDE	2	1208
1	laryland (541.0.	Pikesvil	le	YES NO	3320 Ke	MSEC	Rd		
DL.F	ATHER'S NAME				15. MOTHER'S MAIDEN NAM					
Į.	FIRST	MIDDLE	LAST		FIRST	MIDDLE		R.	ALA	
140 1	WAS DECEASED EVER IN U.S. A	PAED EODCESS	166 SOCIAL SECUR		17. INFORMANT	ADD	RESS	100	1401	2
		GIVE WAR OR DATES)	111111111111111111111111111111111111111			33	320	Key.	500	Rd.
4	aknown		212-07-	1822	mildred Le	wis P	ikes	ville	· m	1. 21209
z	PART 2. OTHER SIGNIFIC ANT	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION	GIVEN IN	PART 110	
9	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?				GS USED
A										OF DEATH?
TEICAT						YES T NOT	III4 CER	YES C	CAUSES	
ERTIFICAT	71a ACCIDENT WAS UNDERLYING	71b. TIME (OF INJURY		214. HOW INJURY OCCUR	YES NO		YES	18	NO 🗆
L CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LIOUR A	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR			YES	18	
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH DA M.	Y YEAR				YES	18	
	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A	M. MONTH DA M. OF INJURY	19	216. HOW INJURY OCCURR		JURY IN ITEM	YES 18 PART 1 OF	18	
MEDICAL CERTIFICAT	OR CONTRIBUTING CAUSE OF D	HOUR A	M. MONTH DA M.	19	211 LOCATION	ED (ENTER NATURE OF IN	JURY IN ITEM	YES 18 PART 1 OF	R PART 2)	NO [
	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED NOT WHILE AT WORK	HOUR A PREMER) P 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19	211 LOCATION	ED (ENTER NATURE OF IN	JURY IN ITEM	YES 18 PART 1 OF	DUNTY	NO
	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WILE NOT WHILE 2 ORK NOT WHILE 2 22a.1 certify that (1) (the has sow the deceased alive a	HOUR A HER) 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA THE DECEMBER OF THE DECEMBE	19 (RM, ETC.)	211 LOCATION	ED (ENTERNATURE OF IN	JURY IN ITEM	YES []	DUNTY	STATE
	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED THE NOT WHILE AT WORK 22d.1 certify that (1) the has	HOUR A HER) 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA THE DECEMBER OF THE DECEMBE	19 (RM, ETC.)	211 LOCATION STREET	CITY OR , to HADO deoth occurred on the	JURY IN ITEM	YES 18 PART 1 OF	DUNTY	STATE
	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WILE NOT WHILE ATWORK 22e. I certify that (I) the has sow the deceased alive a above. (If (we) (did) (did TILL SUSTRATURE	HOUR A HER) 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA THE DECEMBER OF THE DECEMBE	IP IRM, ETC.)	211 LOCATION STREET 25 1920 Ind that in (my) (our) opinion of DEGREE ATTENDING	CITY OR , to HADO deoth occurred on the	JURY IN ITEM	YES 18 PART 1 OF	DUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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		CEASED NAME FOR PRINTS KENNE	th		niel	Ba	utis		20. DATE OF DEATH MO	23 P	YEAR	26. HOUR 2349 M
	3. SE	Male	4.	RACE White		5. DATE O	F BIRTA	YEAR 12	6. AGE IN YEARS LAST BIRTHO	YRS.	NDER 1 YEAR	IF UNDER 24 HRS
35	(RTHPLACE (STATE OR FORE) COUNTRY) Cederick C	0.	U.S	· A ·	WIDOWE		CED	9. BALTIMORE CITY OR	Car	roll	MD.
0	W	TY OR TOWN OF DEATH estminster	-	Carroll	OSPITAL, NURSIN	en!	ROTHER INSTITU	TION	Construc	ORKING LIFET I	26. KIND OF NOUSTRY	rer
3	30. S	aryland C	COUNT	/	Westm1	nste	TYES TO NO		1343 Fri	linger	Mil	l Rd.
60	14. FA	George	MI	W.	Bart			tha	WIDDLE		S	childt
1		VAS DECEASED EVER IN (III		ED FORCES? VAR OR DATES)	214-05-		Ethel	Eyle	er Bartgis			
		18. CAUSE OF DEATH IE		ane cause per BY: CAUSE (a)	Coule	M.yu	cardia	lin	farition		BETWEEN O	MATE INTERVAL INSET AND DEATH
				(b)	AS A CONSEQUE	H D	SOVO				27	15_
	NOIT			1500					inal disease or condi			
2	CERTIFICATION	190 DATE OF OPERATION			TION FOR WHICH	OPERATIO			YES NO NO	Ob. IF YES, WI IN CE NTIFYIN YES	G.CAUSES	
9	10.7	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E	E OF DEATH	HOUR A.P	MONTH DA	YEAR	-	OCCURF	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY EET , HICTORY, OFFICE, F		21f LOCATION		CITY OR TOWN	4	COUNTY	STATE
		220.1 certify that (1) (4) saw the deceased above (1) (we) (did)		2 - 2	L	=4 , or	d that in my (au	19 8 9 ir) opinian	death occurred an the dote	and hour an	d from the c	
		22b. SIGNATURE	ha	houle			DEGREE ATTE PHY	NDING SICIAN D	MEDICAL STAFF	иП	3 -2	2-84

PHYSICIAN MAME (TYPE OF PRINT)

270. PHYSICIAN'S NAME (TYPE OF PRINT)

270. ADDRESS WASHINGTON MY AND ALLS

270. BURIAL, CREMATION, REMOVAL (SPECELY)

271. NAME OF CEMETERY OR CREMATORY

272. NAME OF CEMETERY OR CREMATORY

273. NAME OF CEMETERY OR CREMATORY

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sMd.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Nec

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TO PUNETAL DIRECTOR After the controls has been signed by the offending physician and completely filled in by the fashald he detached for use as the build frontal permit. Then please remove corbon popers. Pages and Zales II de Effect with the State Dept. of Health and Merital Hyperic prior to build. Cremation, or removal.

MADETANT If then 21 is marked at them 18 stays and yourly, or other troumotic event, the medical communication in the first.

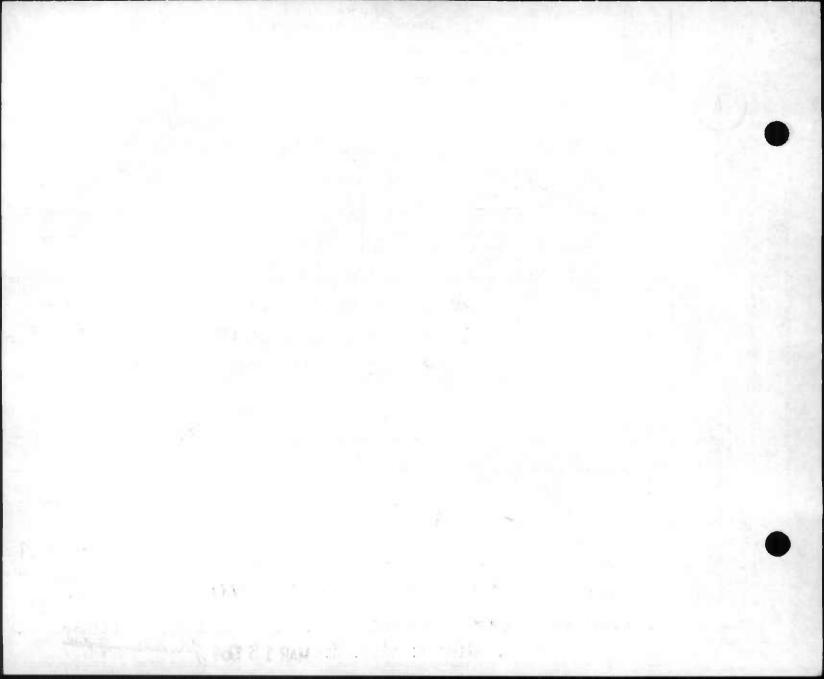
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

h	FOR - STATE	DEPARTM	ENT OF HEALTH AND MENTAL HY	GIENE 0 / 0 Z	U
	REGISTRAR		CERTIFICATE OF DEATH	REG NO.	
	ECEASED NAME FIRST	MIDDLE	D'AST OLI	20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
L	Carl	William	beckman	3 11	84 513AM
3.58	X 4	RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS
1	male (Laucasion	12 24 10	73 YRS MC	ONTHS DAYS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
E	rie, Pennsylvan	ia America	WIDOWED DIVORCED	Carroll C	O . MD.
10.0	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	Nestminster	Carroll Lut	heran Village	TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
13a	STATE	130 CITY OR TOWN	DMISSION) 136. INSIDE CITY LIMITS?	13e STREET ADDRESS	20817
14.5	ATUEDIC NIAME	how before	SOC YES NO D	1 8302 605 12	or Road.
1	ATHER'S NAME	DUE 0 1/25] 001	15 MOTHER'S MAIDEN N.	AME MIDDLE	LAST
1	USCAL Frec	reack bec	kman higusta	STOLKVIST	ि अभिवा
160.	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIV. Y	D FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRESS	1121 Stone Rd.
	MKNOBON IV	175-09	-380 / KUVIL	allelty UN	Westminster
	18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	ane cause per line for iai, (b), and	a	1	BETWEEN ONSET AND DEATH
	IMMEDIATE C		a rue new R	threst	3MIN 3/15
	5 990	DUE TO, OR A CONSEQUEN	ICE OF		211 -
	Canditions, if ony, which	(b) . Traker	JUE SE	R515	0990
	gave rise to immediate cause ia stating the	DUE TO, OR AS A CONSEQUEN	ICE OF		•
i	underlying couse lost	(c) CHRO	MC UMA	LATY INFR	TON
١.,	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to de</u>	ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	V IN PART 1(a)
ě					
A A	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
CERTIFICATION				YES NO YES	NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 210 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
1	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1.	AT WORK AT WORK				
1	220.1 certify that (1) this hospital)		1942 19		, that (I) we) last
1	saw the deceased alice on above (I) we) (did (did nat)	iew the bogy after death.	, and that in (my (aur) apinion	death occurred on the date and hour o	and from the couses stated
	22E SIGNATURE	11.01	DEGREE	14	220. DATE SIGNED
]	whitel	VIN	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR NI PHYSICIAN	3/11/84
1	274 PHYSICIAN'S NAME (TYPEOS ME	(m)	27+ ADDRESS		UNI BRIDGE
	BOHN	/ LEHT GH	1091	MOISY ST.	MO
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d, LOCATION	OUNTY STATE
	Cremation	3/12/84 Wes	tview Mem. Par		Itimore Md
19	INERAL DIRECTOR	Thomas confl	250. DA	TE REC'D. BY REGISTRAR 256 REGISTRA	AR SIGNATURE
Co	Hela 254	E. Thamasst:	west Maso MAR 1	3 1984 grin Davidson	

DHMH - 16 60M 1/75 (VR A 15 (4))

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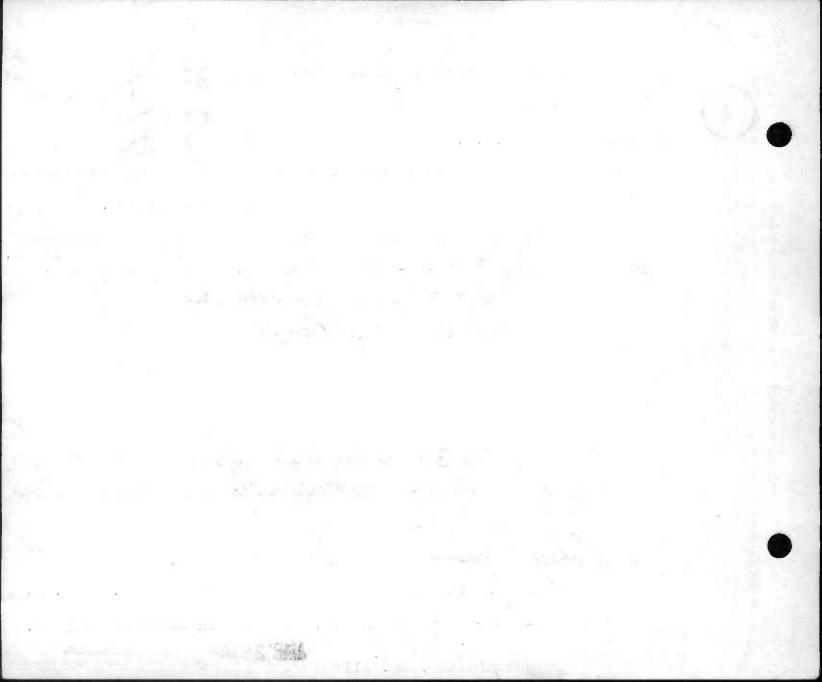
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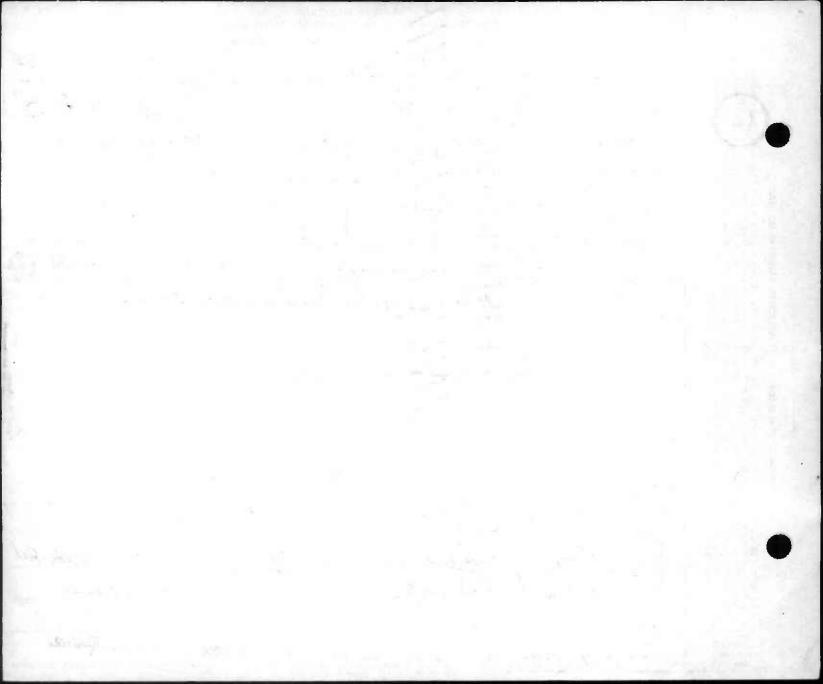
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STATE OF MARYLAND



STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO MONTH 7b. HOUR 0535 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Carroll Co 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Teacher LAST Sell New Windsor, Md. 21776 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cairns, 139 Main PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE munch 10 &Y_ that (1) (we) last 4. and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN New Windsor Carroll Buria ne Creek 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR 24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

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Hobert E. Celron L. Furrl L. Lell R. Celron A. 21977

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR

REG. NO I. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH DAY YEAR 2b HOUR (TYPE OR PRINT) (NMN) Caplan 3-10-84 1:10p Aaron 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1: 5EX MONTH DAY YEAR DAYS white Male 18 09 10 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Carroll COUNTY USA Maryland WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE pringfield Hospital Printer wkesville-Rural ISUAL RESIDENCE (IF NURSINGHOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland 2510 Loyola Southway YES TE NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE CAPLAN Sarah Caplan Jacob 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO BERNARD CAPLAN APT. E 2821 MARNAT RD. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-40-1465 pringfield, Records, Sykeswiller, Mdc, 24178 WAS NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH #21209 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ic PART I. DEATH WAS CAUSED BY Metastatic disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Ca prostate Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION Diabetis Mellitus 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE

220 1 certify that (Nr(this hospital) attended the deceased fram.

saw the deceased alive on 3-10 above, Mr (we) (did) (and box) view the body after death.

84

21f LOCATION

CITY OR TOWN COUNTY

22c. DATE SIGNED

AT WORK

AT WORK

22b. SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

BENEFITT

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

3-10-84

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Antonius Glahn, MD

Springfield Hosp. Ctr. Sykesville, Md.

230. BURIAL, CREMATION REMOVAL (SPECIFY) BURIAL 23b. DATE MAR.12,1984 PROGRESSIVE

23d LOCATION ROSEDALE

and that in (aur) opinion death accurred on the date and hour and from the causes stated

BALTO.

STATE MD Julia Davidson-Randale

DHMH - 16 50M 1/76 (VR A 15 (4))

*

G RELIEF ASSOC. SULLARELEVINSON & BROS., INC. ADDRESS 250, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD. BALTO. MIL

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pai

etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direstound be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hau with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7025

1. DEC	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N			
	CEASED NAME E OR PRINT)	DEWI-		AIDDLE	6	HEAK	20. DATE OF DEATH	-3 -27 8	YEAR 2	3.4
3. SE)	X		RACE	h : \	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER	1 YEAR	F UNDER 24
	MALE		W	hute	05	18 06		YRS.		
	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH	
,	Va.		u.s	S. A	WIDOWE		Carrol	1 Cour	44	
10 CI	ITY OR TOWN OF DE	ATH 11				OR OTHER INSTITUTION	120. USUAL OCCUPAT			BUSINESS
	ESTMINST		CARR		NTY!	GEN. HOS.	Carpen		JSTRY L	ding
	AL RESIDENCE INF NUR	136 COUNT	ROLL	GIVE RESIDENCE BEFORE 130. CITY OR TOW WESTMIN	N _	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	KESUILE	ERD	57
14. FA	ATHER'S NAME	14 II	DDIE	1251	A	15. MOTHER'S MAIDEN NA	ME		LAST	
	Jan		DOLE	Chac	LK	Hary	MIDDLE	14.	oun	dsh
160. V	WAS DECEASED EVER	-	ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR			
17	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	218-20-	1977	Phyllis Bo	arKer	1190	Stor	Jinc.
	18 CAUSE OF DEAT PART I. DEATH V						AT INCI			ATE INTERVA
		e last.	(c)						.07.3	
ATION	PART 2 OTHER SIG	NIFICANT CO	DNIA	Loc	ENA	NOT RELATED TO THE TERM THE TERM N WAS PERFORMED	INAL DISEASE OR COM	20b. IF YES, WERE	FINDING	
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WEDICAL WEDICAL	210. ACCIDENT WAS UN OR CONTRIBUTING CHE HITHER, NOTHER MED 21d. INJURY OCCUP WHILE NOT WAT WORN 220. I certify that (I sow the deceo- obove. (I) (we) 22d. PHYST LANS N	ATION ADERLYING CAUSE OF DEATH OICAL EXAMINER) THE CORRED WHILE CHIEF OR E WHILE	19b. CONDI 19b. CONDI 21b. TIME O HOUR AJ PJ 21e. PLACE of IAT HOME, STR View the body VIEW THE BODY 23b. DATE	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F office death. 23c. 1	OPERATION AY YEAR 19 ARM, ETC) NAME OF C	21c. HOW INJURY OCCURI 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN (1) 22c. ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNCTION OF IN	20b. IF YES, WERE IN CERTIFYING C YES JRY IN ITEM IB PART I OR P DOWN COU 27 19 6 dote and hour and free AFF CIAN COUNTY COUN	FINDING AUSES O	STAIL OF LIFE CONTROL OF CONTROL

DHMH - 16 50M 4/82 (VRA 15, 4)

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3		1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HÝG ICATE OF DEATH	IENE 0 7	5 2	O	
	by be	(TYPE	CEASED NAME FIRST OR PRINT)	ru	B.	Ci	aude	20 DATE OF DEATH	MONTH DA	84	26. HOUR 6:00 PA
	Poge 4 moy	3. SE	Female	1. BACE Car	110.	S. DATE C		6. AGE (IN YEARS LAST BIRT	YRS.	UNDER TYEAR	IF UNDER 24 HRS
	deoth, Po		RTHPLACE (STATE OR FOREIGN Shington, D.C.	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	_	9 BALTIMORE CITY O	RRCLL	F DEATH	WE
10	s offer d	10 C	Mt. Quici		HOSPITAL, NURSIN		BO HOME	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK F	E WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
AND 212	filled in could be	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	pre	1771 h	WAIPE
MARYLA	mpletely and 2 (h)4. FA	THER'S NAME FIRST Herbert	MIDDLE	Claude	7	15. MOTHER'S MAIDEN NA Cicely	MIDDLE		Armes	
IMORE,	n ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GP	MED FORCES?	217-80-5		17 INFORMANT	Jarvis, Ch	gvy Ch	asem N	ld.:
ST., BALT	rtificate k g physicia on popers emovol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE CAUSE (0)	line for (o), (b), one		rrest	1		BETWEEN C	MATE INTERVAL ONSET AND DEATH
ESTON	deoth ce ottending ove corb stion, or r		Conditions, if ony, which	((b)_	RAS A CONSEQUE	10				425	
1 W. PR	that the laby the sesse remol, cremo		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	PAS A CONSEQUE	ENGE OF	Hiberosel	معيوه			
RDS, 20	equires in signed Then plurity to buriti	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 110	,,
AL RECO	The low icion. te hos bee sist permit glene prior shows ony	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDIN NG CAUSES	
IOF VIT	SICIAN: The ng physicio certificate uriol-transit tentol Hygie frem 18 sho		21g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOT IFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PAR	TIORPART2)	
DIVISION OF VITAL RECORDS,	affer this of the bull of the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
0	TTENDIN pital or TTOR: Al for use of Meolit		220. I certify that (I) (this hasp sow the deceased alive or above (I)(we) (did) (did no	2 9	10	5148	nd that in (my) our) opinion	deoth occurred on the do	te and hour c	ond from the	that (Li Jwe) lost causes stated
	AL OR A the hos AL DIREC detoched ote Dept. II. If Nem		22b. SIGNATURE	M	wo	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F IAN []	22c. DATE.	1/84
	O HOSPITA etoined by TO FUNERA should be de with the Stot		220 PHYSICIAN'S NAME (TYPE	OR PRINT)	Cordon	W	220. ADDRESS 2000 (V	serteures	DIAS	lw b	70
	D = 5 € 3 ₹	73a F	SURIAL CREMATION REMOVAL	123h DATE	123e N	NAME OF C	EMETERY OR CREMATORY	736 LOCATION			

23c. NAME OF CEMETERY OR CREMATORY

Westview

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR Of Th L. Molesworth, P.A., Damascus, Md.

23b. DATE

Mar.2,1984

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

PLAZU MUE

CREMATORY

123d LOCATION

CITY OF TOWN

Baltimore, Md.

1250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAR 06 1984 July January

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9. 17	ivan, of the state	217-31-219	

11-	FOR STATE REGISTRAR		OF HEALTH AND MENTAL INER'S CERTIFICATE	OF DEATH REG. NO.	
	CEASED NAME FIRST E OR PRINT) Steve	en Joseph	Clay	20. DATE KNOWN MON OF ESTI- DEATH MATED 3	24 1984
(SE)		12 29 1950	NYEARS IF UNDER 1 YR. IF UND	ER 24 HRS. 20 DATE MONT PRONOUNCED DEAD 3	
Ba	RTHPLACE (STATEOR REIGN COUNTRY) altimore	U.S.A.	8. MARRIED NEVER MAI	RCED 🗆 Carroll Count	У, м
1	ty or town of death Westminster	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE LUCADOUGH MILL ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	ss) & Rt. 27	12d. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE) General Manage	er Athletic
130. S Ma	aryland Car		n ster YES□ NO[A TODO DAGAGA	Club h Rd.
	ATHER'S NAME FIRST HARVEY A VAS DECEASED EVER IN U.S. AR/	lexander C1	ay E1	relyn ADDRESS	Parlett
(Y	es, no, or unknown) (IF yes, give	WAR OR DATES	-6856 H. Rebe	ecca Clay (same a	as above)
7	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying couse lost.</u>	(c) MULTIPE MULTIPE MULTIPE (b) ODE TO, OR AS A CONSEQUENCE (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	CE OF	PART 1 in	
IFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH O			20. AUTOPSY? YES [X] NO [
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y DEATH 6:10 XX 3 24 19 71b. PLACE OF INJURY (AI HOM	84 Driver in a	RED LENTER NATURE OF INJURY IN ITEM 18 PART LOW LUTO/auto impact	R PART 2
ME	WHILE NOT WHILE &	street, Factory, Farm, etc.)		11 Rd & Rt.27, Westm	inster, Carrol
		e of the remoins described above, held o	Suicide , Homicide TITLE (SPECIFY)	Undetermined monner,	TE 3/24/84
3a B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 2	Dennis F. Smyth, N	A.D. ADDRESS 111	Penn St. Balto.,	
C	remation UNERAL DIRECTOR	3-26-84 Westv	riew Mem. Par	k Baltinore Ci	'S SIGNATURE
E	The States	Thomas D. Fleto	Street MAR 2	8 1984 Johia Davidson-1	handalike

STATE OF MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 HOVO DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) March 19, 1984 Baby Cummings -Boy-IE LINDER 24 HRS. 4. RACE 6. AGE (In years last birthdoy) MONTHS HOURS March 19,1984 white male 7a. BIRTHPLACE (State for foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) filled in WIDOWED [DIVORCED [Carroll IISA ---- Md GENERAL DCCHASOKINE af Iwork done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (ICS in 1994) 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) remove carbon Memorial Ave. physician and completely Westminster 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE Carroll Westminster NO 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be Tler Kevin Anthony Rose Margaret Cummings 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) T Samuel Ahn MD 187 E Main St. West 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit nise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the priartal be retained by the hospital ar attending 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? has CAUSES OF DEATH? NO T YES 📑 be detached far use State Dept. af Health p O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 3 should be detached with the State Dept. at 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while ot wark 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on___ 19 and that in (my) (our) opinian death accurred on the dote and hour and fram the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DAPE SIGNED ATTENDING directar, page 3 shauld be filed v DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS PHYSICIAN'S NAME (Type) 187 E. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (State) Westminster REMOVAL (Specify) Carroll VR A1S (4) 30M REV. 1/68

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		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 🎮

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 to with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

3. SE)	Ralph	Eugene	Cut	sail		3 1 84	7:2
	X	4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
/	Male	White	MONTH	28 26	58	YRS	S HOURS
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	country)	TLS.A.	WIDOWEL		Carroll		
_	IT 20R 10H OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME O		12ª USUAL OCCUPATIO	12b. KIND	OF BUSINE
de	estminster	Carroll Count	tv Ger	eral Hospi			mfg
USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE	E ADMISSION			01 1000	
	STATE 13b COUN	The state of the s		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	St. di	191
	arvland Carr	OTT OUTOU	DLIGE	15. MOTHER'S MAIDEN NA		D La	
	FIRST	WIDDLE LAST		FIRST	MIDDLE		LAST
14- 14	WAS DECEASED EVER IN U.S. AR	Cutsa:		Emma 17. INFORMANT	ADDRES		ell
		E WAR OR DATES)			7	llElger	50.
	No no	ne 219-20-	4991	Shirley W.	Cutsail U	nion Bri	
	18. CAUSE OF DEATH (Enter on	y one couse per line far (a), (b), a	and (cl.)	0		BETWE	OXIMATE INTER
	PART I. DEATH WAS CAUSE	E CAUSE (o)	aseu	e puin	conary	1	com
		(6)					
Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	TION GIVEN IN PART	1(a)
TIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	e ul	urs = 1	NINAL DISEASE OR COND	TION GIVEN IN PART 20b. IF YES, WERE FINI CERTIFYING CAUS YES	DINGS USED
AL CERTIFICATION	190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH	H OPERATION	WAS PERFORMED	AUTOPSY?	20b. IF YES, WERE FINI HIN CERTIFYING CAUS YES	DINGS USED
	198 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICE 17b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	H OPERATION DAY YEAR	WAS PERFORMED 21c HOW INJURY OCCUR 211. LOCATION	YES NO REED (ENTER NATURE OF INJURY	20b. IF YES, WERE FINI HICERTIFYING CAUS YES I	DINGS USED ES OF DEATH NO
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H OPERATION DAY YEAR	N WAS PERFORMED 21c. HOW INJURY OCCUP	YES NO	20b. IF YES, WERE FINI HICERTIFYING CAUS YES I	DINGS USED ES OF DEATH NO
	198 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (16 EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	19b. CONDITION FOR WHICE 17b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19	WAS PERFORMED 21c HOW INJURY OCCUR 211. LOCATION	YES NO REED (ENTER NATURE OF INJURY	20b. IF YES, WERE FINI HICERTIFYING CAUS YES I	DINGS USED ES OF DEATH NO
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	190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (16 ETHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY OF THE AT WORK 22a 1 certify that (1) (this haspi	19b. CONDITION FOR WHICE 11b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE	DAY YEAR 19 E. FARM ETC)	216. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY	20b. IF YES, WERE FINITION CERTIFYING CAUS YES IN ITEM 18, PART 1 OR PART 2 COUNTY 19 e and hour and from 1	DINGS USED ES OF DEATH NO (1)
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MEDICAL	190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK ON the deceased alive an obove, (1) (we) (did) (did not 27b. SIGNATURE	19b. CONDITION FOR WHICE 11b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE 10l) oftended the deceased fram (1) view the bady after death. RPRINT) 73 A 18 Z	DAY YEAR 19 E, FARM ETC) BY. ONI	21c. HOW INJURY OCCUR 21i. LOCATION SIREET ATTENDING PHYSICIAN 22e. ADDRESS	YES NO RRED (ENTER NATURE OF INJURY CITY OR TOWN death occurred an the data	20b. IF YES, WERE FIN. HO CERTIFYING CAUS YES IN ITEM 18 PART 1 OR PART 2 COUNTY 20c. DA 21c. DA	DINGS USED ES OF DEATH NO 1

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death gentificate be executed within 24 hours after

etained by the haspital or attending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbong appers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

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FOR STATE REGISTRAR

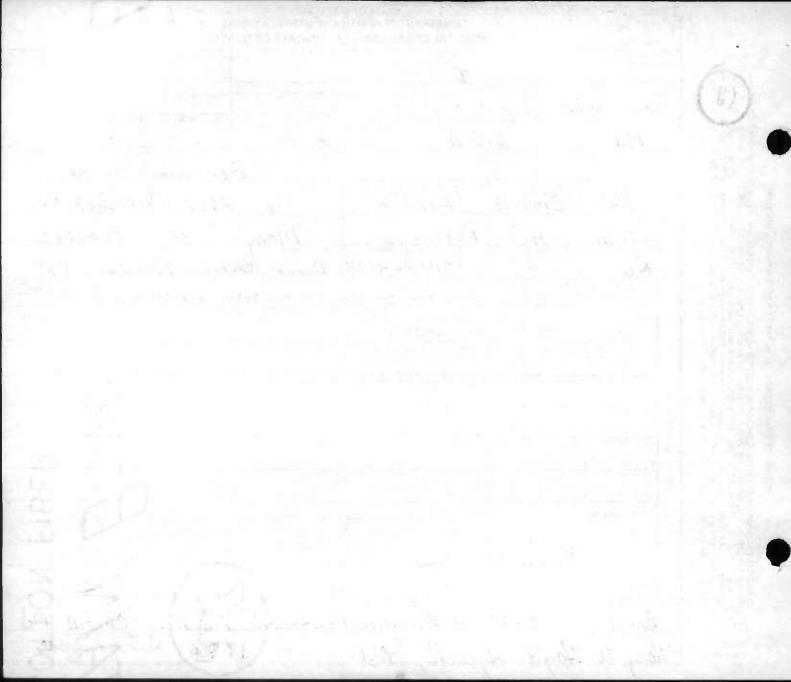
CERTIFICATE OF DEATH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

3. SEX Male White July 21, 1908 75 yrs. 6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland U. S. WIDOWED DMORCED CARROLL (STATE OR FOREIGN COUNTRY) MARRIED MONTHS MONTHS MARRIED MON	ATH KIND OF BUSINESS OUSTRY Lothing I Rd. Fogle Road,							
Male White White July 21 1908 Married Day VEAR July 21 1908 Married Day VEAR July 21 1908 Married Day Never Married	ATH KIND OF BUSINESS OUSTRY Lothing I Rd. Fogle Road,							
Male White July 21,1908 75 YRS. BIRTHPLACE (STATE OR FOREIGN COUNTRY) DIVORCED NEVER MARRIED NEVER MA	kind of Business outling I cothing I Rd. Fogle Road,							
BIRTHPLACE STATE OR FOREIGN To CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED PROTECTIVE OR COUNTRY OF DE COUNTRY TO WIND TO WI	kind of Business USTRY Lothing 1 Rd. Fogle Road,							
Maryland U. S. WIDOWED DIVORCED CArroll II. CITY OR TOWN 271-77 III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GREET ADDRESS) Westminster Carroll County Gem. Hospital Machine Op. C1 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFOLDESS) III. COUNTY Maryland Carroll Reyman Yes No M 1311 Bruceville FATHER'S NAME FIRST Charles — Earnst Minnie Rosina III. MOTHER'S MAIDEN NAME FIRST (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) NO NO 216-22-9395 Ruth W. Earnst, Keyman MC III. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (ct.) BARYL DEATH WAS CAUSED BY. III. CAUSE OF DEATH WAS CA	lothing last Fogle Road,							
The City or town 2Pt 7 Westminster Carroll County Gen. Hospital Machine Op. C1 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORDES) IS STATE Maryland Carroll Keymar IS AUST FIRST Charles LAST FIRST MIDGE (YES, NO DR UNKNOWN) (IF YES, GIVE WAR OR OATES) NO NO IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c))	lothing last Fogle Road,							
Westminster Carroll County Gen. Hospital Machine Op. Cluster In the County Gen	Rd. Fogle Road,							
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TO THE PROPERTY OF	Rd. Fogle Road,							
Maryland Carroll Keymar YES NO 1311 Bruceville 15 FATHER'S NAME FIRST Charles - Earnst 15. MOTHER'S MAIDEN NAME FIRST MIDDLE CHARLES - HOUSE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) NO NO 216-22-9395 Ruth W. Earnst, Keymar, MC 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ict.)	Fogle Road,							
FATHER'S NAME FIRST Charles:	Fogle Road,							
Charles - Earnst Minnie Rosina 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO NO 216-22-9395 Ruth W. Earnst, Keymar, MC 18 CAUSE OF DEATH WAS CALLED BY	Road,							
186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) NO 18 CAUSE OF DEATH (ENERGY OF CALLESD OF CALL	Road,							
No No 216-22-9395 Ruth W. Earnst, Keymar, Mc								
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)								
DART I DEATH WAS CALISED BY	APPROXIMATE INTERVAL							
IMMEDIATE CAUSE (0)	MONTHS							
UNIVADAM								
DUE TO, OR AS A CONSEQUENCE OF								
Conditions, if any, which (b)								
couse (a), storing the DUETO, OR AS A CONSEQUENCE OF								
underlying couse lost.								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
I 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE	FINDINGS USED							
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE IN CERTIFYING O YES 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART) OR	NO [
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR	PART 2)							
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M., 19								
21d. INJURY OCCURRED 21d. PLACE OF INJURY 211. LOCATION	UNTY STATE							
WHILE NOT WHILE OF TOWN COLUMN AT WORK AT WORK	DINIT STATE							
22a. certify that (1) (this haspital) attended the deceased from 3/4 19.84 to 3/6 19.84	that (1) (we)							
sow the deceased alive an 3/6 1987, and that in (my) (aur) opinion death occurred on the date and hour and fr								
obove, ([] (we) (did) (did not) view the body offer death.	c, DATE/SIGNED							
THE SIGNATURE	C. DAIGSIOISED							
ATTENDING A MAPRICAL STAFF	3/. / . /							
Versecut June De MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3/6/84							
ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 1200 ADDRESS	3/6/84							
276 PHYSICIAN'S NAME (TYPE OF PRINT) 226. ADDRESS	<u>3/6/84</u> 21157							
Vincent J. Fioco, Jr. Westminster, Maryland 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	3/6/84 21157							
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYORTOWN COUNTY	3/6/84 21157							
Vincent J. Fioco, Jr. Westminster, Maryland 236. BURIAL, CREMATION, REMOVAL 236. DATE 237. NAME OF CEMETERY OF CREMATORY 236. LOCATION								

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STATE OF MARYLAND, DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR 1 - STATE REGISTRAR		CE	RTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 4	
1. DECEASED NAME FIRST Ethel	Mae	Fred		ck	20. DATE OF DEATH MONTH	14-84 2	b. HOUR
3. SEX Female	4. RACE White			F BIRTH 1903	6. AGE (IN YEARS LAST BIRTHDAY) 81 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		ARRIED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY Carroll Coun		MI
Westminster	11. NAME OF Carrol	HOSPITAL, NURSING HO	OME O 55) n •	Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF SEAMS LIESS	12b. KIND OF EINDUSTRY Dress	
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 1.31 COU Md. Balte	NTY	130. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 15222 Old Han		21155
4. FATHER'S NAME Charles	MIDDLE	Ruby		15. MOTHER'S MAIDEN NA/		Miller	
60 WAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECURITY I		Jacob A. Fre	15222 Old derick Upperco,	Hanover Md. 2115	Rd.,
	(b) DUE TO, O	RAS A CONSEQUENCE	OF	0	al Infarction		
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [19b. COND	OITION FOR WHICH OPER	RATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDING FYING CAUSES O	
	ATH HOUR A		YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, E	tc)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
270. I certify that (I) (this hasp saw the deceased alive are above, (I) (we) (did) (did no 27b. SIGNATURE	3-1	4-1984	(DEGREE ATTENDING	death accurred on the date and hou		
22d. PHYSICIAN'S NAME (TYPE CHITRACHE		AUNADAL		174 EM	ain 8- West	minster	517
230. BURIAL, CREMATION, REMOVAL	Mar. 17	1984 Ever	OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	county N	Ad - STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remove carban papers the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked ar them 18 shaws any injury, or ather traumatic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

Owings 'Mills, Md.

REGISTRAR 256. REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauzs retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the Store Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

WAPORTALT: If them 21 is marked or them 18 stows any injury, ar other traumatic event, the medica

STATE OF MARYLAND

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	J.	STATE REGISTRAR		DEPARTA		ICATE OF DEATH		0 0	4	
1		CEASED NAME FIRST OR PRINT) Lillia		mma mma	Gai	ither	REG. N	3-04	YEAR 4-814	26. HOUR 8.15
	3. SEX		4. RACE		July		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	-	emale	Whi		July	31, 1896	87	YRS.		
	C	(OUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C			
1		aryland	USA		WIDOWE		Carroll			MD.
-	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS OR
1		t. Airy	Pleas	ant View	Nurs	sing Home	Housewife			emaking
2	130. S M	AL RESIDENCE (IF NURSING HOME OR TATE 13. COUN COUNTY)	OTHER INSTITUTION. TY	Baltimo	4	YES 🛣 NO 🗌	134. STREET ADDRESS 524 N. C.	harles	Stree	t 21201
1	9		AIDDLE	Thornbu	ırg	15. MOTHER'S MAIDEN NAM	WIDDIE		Pas	quith
7		AS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS Tows		204, Md
1		es. no or unknown) (if yes, give	WAR OR DATES)	217-38-5	163	Elizabeth E.				
		18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if only, which gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	PIRATORY IN	107 F1C16WC	9	BETWEEN	MAIE INTERVAL
	z	PART 2. OTHER SIGNIFICANT C						DITION GIVE	N IN PART 110	3
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION				200 AUTOPSY? YES NO X	206. IF YES, YES IN CERTIFYI	WERE FINDIN	NGS USED OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	10	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE OF AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		220. I certify that M (this hospit saw the deceased alive an above, (1) (w. (did) (did not			7-	nd that in (my) (ay) apinion o	, to3 ~ 4 death occurred on the d		-	that (we) lost causes stated
		The SIGNASURE S	n		no	PHISICIAN LE	MEDICAL STA	FF CIAN []	22c. DATE :	SIGNED 7-84
			D WIN	no		COLVIAN,	MO 21045	7	3314	
	23a. B	urial, cremation, removal Burial	23b. DATE 3/7/84	4 Dr	uid R	emetery or crematory didge Cemeter	Pikesvil	le, Ba	lto. Co	o., Md.
		artin D. Lawso	n, 10 V	V. Padon	ia Ro	21093 So DATE Dad, Timoni	R 5 1084	756. PEGISTRA	AR'S SIGNAT	URE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

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- STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

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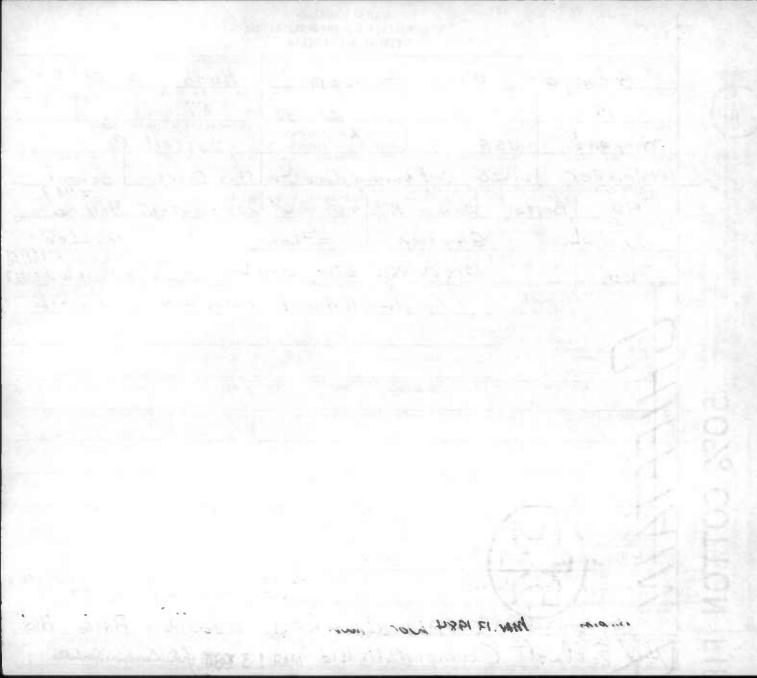
BETWEEN ONSET AND DEATH

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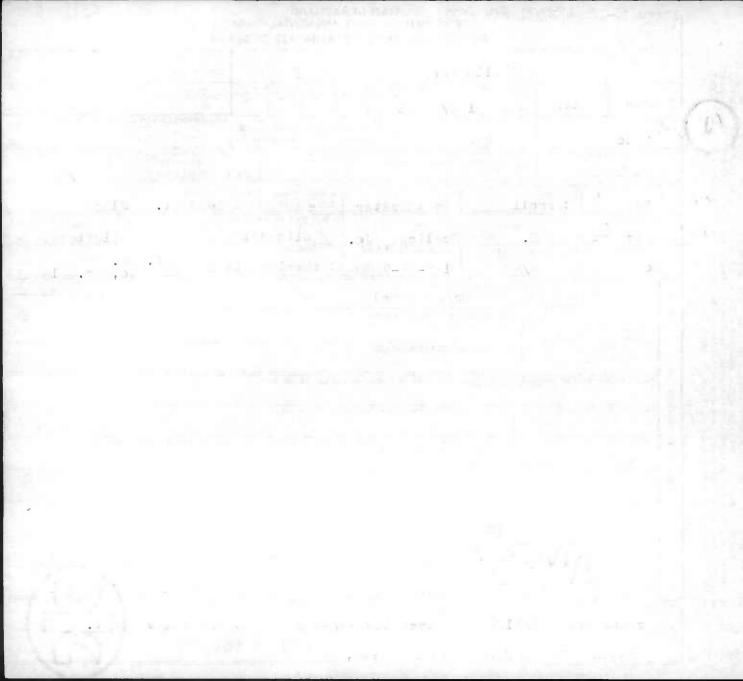
22c. DATE SIGNED

1 month

26. HOUR



			STATE REGISTRAR CEASED NAME	FIRST	ME				ERTIFICATE	OF DEAT	174 6 404		DAY	YEAR	2b. HOUR
2000	ri i	(TYP	OR PRINT	HELE	N Eli	zabeth	1	(GUELICH		OF ESTI- DEATH MATED		26 19	0.4	A
PY, PLEA		3:SEX	male	4.RACE white	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR LAST BIRTHDAY	MONTH		MIN. PI	DATE RONOUNCED DEAD	монтн	28 ₁₅		2d. HOU!
NEEDS AND	V		THPLACE (ST HIGH COUNTRY) Ohio	ATE OR	76. CITIZEN OF W	HAT COUNT	IRY?	MARRI WIDOW	ED NEVER MAI	RRIED 2	Carroll	_		ATH	WE
IF ANY DELAY IS 2, AND 3 TO THE R 3. RETAIN PAGE SHOULD BE FILE!	ECC.		estmins		11. NAME OF HOUSE A Bond	ACILITY, GIVE STI		OR OTH	ER INSTITUTION	FORMO	LOCCUPATION OST OF WORKING LIFE) employe		OR IN	OF BUSI	INESS
ANY DE AND 3 T RETAIN	36	USUA 13a S		13b. COUN Carr		13c. CITY	OR TOWN		13d. Inside City Limits:	13e. STREE	TADDRESS Bond St.		157		1
F - ₹ 0	1	14. FA	THER'S NAME		MIDDLE		AST		15. MOTHER'S MA		MIDDLE		LAS		
S AFTER DEATH GIVE PAGES 1 ITH FORM PW PAGES 1(74)D	200	16a. V	Richa	EVER IN U.S. AR	H. MED FORCES?	Guel 166. SOC	ich IAL SECURITY	Jr.	Eliza 17. INFORMANT	abeth	ADDR	ESS	light	ower	•
S AFTER GIVE P.	Noision /	,	no, or unkno		m/a		-28-78	300	Catherin	ne Rie	sz Del	rfalo,	Nv	14	223
	نِـ ٣		18. CAUSE OF	ATH WAS CAUSE	ly ane cause per lin D BY: TE CAUSE (a)		ond (c).) ermined	1					BETWEE	OXIMATE IN N ONSET A	NTERVAL AND DEATH
PRESTO THIN 24 OIL IN ITE VER ALO ANSIT PE	NTAL HYGIE OR REMOVA		Condition	s, it any, which	DUE TO, O	R AS A CON	SEQUENCE O	F						7	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG VE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT	OR RE		gave ris cause (a)	e to immediate stating the <u>under</u> -	(b)	R AS A CONS	SEQUENCE O	F							
XECUTEI VG" IN I SAL EXA BURIAL	ND ME		lying cau		(c)										
BE EXE ENDING MEDICA AS A BI	ALTH AND M CREMATION,	NO	PARI Z UIHER SK	MIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELAT	ED TO THE TERMIN	AL DISEASE	E OR CONDITION GIVEN IN	PART 1 a					
HOULD RD "PEN CHIEF M		MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR V	VHICH OPERA	TION W	'AS PERFORMED?					TOPSY?	
F VIT WORL F CH	BURIAL,	ERTIF	21a. EXTERNA	L CAUSE WAS	21b. TIME C			21c HC	OW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEA	A 18 PART 1 OR P		5 (S)	NO 🗌
CERTIFICATE SH TING THE WOR DED TO THE CF	PRIOR TO	CALC		NG CAUSE OF	DEATH P.	Μ.	DAY YEAR								
DIVISI JER: THIS CERT CATE, WRITING FORWARDED OR: PAGE 3 SH	TATE DEP	MEDI	21d. INJURY C WHILE AT WORK	NOT WHILE C		OF INJURY CTORY, FARM, ET			CATION		CITY OR TOWN	C	OUNTY		STATE
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRITE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE	THE ST AND, 2				ge of the remains de			Autop		1	Inquiry .	and in my c	pinion		
EXAM CERTIF ULD BE DIREC	WITH		, death resulte	AA A	ral causes [24],	Accident	LI, Suic	ide 🔲	, Hamicide (TITLE (SPECIFY)		mined manner	_],			
CAL B SHOUL SHOUL	SATH,		ACTUAL SIGNATURE_	STAN	monage	<i>></i>		м	D Assista	nt_MEDIC	AL EXAMINER	DATE	3-2	9-84	
TO MED EXECUTE PAGE 4	LER D		EXAMINER'S I	Anr	M. Dixo	n, M.D			ADDRESS 111		St., Bal	to., M	ld. 21	201	V.
DXAD	26	23a. B	PECIFY	ION, REMOVAL 2					R CREMATORY	23d. LOC			UNTY	STAT	
BP DHMH -	17	24 FI	JNERAL DIREC	tion	3/31/84 ADDRES		ecurit	y P	roces	TE REC'D, BY R	tonsvill	FCARRAGE FG RA	SIGNATUR	Md	1
(VR A15 M	E (5))		BRIT	TS FUNEF	RAL HOME		TMINS	TER,	MD AFR	* 190	0				,



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	 STATE OF	MARY	LAND	3
DEPAR	 OF HEALT			HYGIENE
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	DEPARTMENT OF REALTH AND MENTALE HYGENE REGISTER RECASED NAME RECASED								
{TYPE		lia	aroline	tag	an Hagar		3 12	84	
3. SE	F	4. RACE Ca	1			6. AGE (IN YEARS LAST	MÓN		
7a. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	VHAT COUNTRY?	8	D NEVER HARRIED D	9. BALTIMORE CITY		FDEATH	
Ba	iltimore	U.S.A				Carroll			MD.
					OR OTHER INSTITUTION	120. USUAL OCCUPA			
We	estminster		7 0 1	-	neral Hosp.				
130. S MS	ryland Car	UNTY	13c. CITY OR TOWN		YES NO X	946 01d		nste	r Pike
		CWIDDIE	Keefer				th	Par	ks
160 V	VAS DECEASED EVER IN U.S. ((45, NO OR UNKNOWN) (1F YES.								'ike
NO	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	SED BY: ATE CAUSE (a) DUE TO, OF DUE TO, OF (c)	AS A CONSEQUEN	NCE OF	reast	INAL DISEASE OR CC	ONDITION GIVEN	40	ears
TIFICATH	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED		IN CERTIFYIN		S OF DEATH?
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DAY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
MEDI	WHILE IT NOT WHILE IT			RM, ETC)		CITY OR	TOWN	COUNTY	STATE
	sow the deceased olive above, (I) (ws) (did) (did) 22H SIGNATURE 279 PHYSICIAN'S NAME (11)	E OR PRINT)	ofter death.	m	DEGREE ATTENDING PHYSICIAN [1220 ADDRESS] 222 Win March	MEDICAL ST POIRECTOR PHY	TAFF		e couses stoted
	Burial, CREMATION, REMOV.	3-15-			emetery or crematory and Memorial	Baltimo	re	M YIMUO	d. STATE

DHMH - 16 50M 4/82

Thomas D.

IO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers-Pages I and 2 should be filled within 72 having the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be

retained by the hospital or attending physician.

injury, ar other troumatic event, the medical

IMPORTANT: If Hem 21 is morked or bem 18 shows any

(VRA 15, 4)

3-15-1984

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STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL ICATE OF DEATH	HYGIENE	REG.	NO.			
	CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20 DA	TE OF DEATH	112	DAY	YEAR	26. HOUR
		Robert		L.	Har	roun, Jr.			3	4	84	8:30a
3 SE	× Ma	le	RACE White		5 DATE C	SPERITH STATE OF BIRTH		79	IRTHDAY)	MONTHS	DER I YEAR	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BAL	TIMORE CITY			EATH	
	Unknown		USA		WIDOWE			arroll				М
S	rkesville	1				or other institution l Center	120 US	SUAL OCCUPA F WORK FOR MOST Lired			DUSTRY	PER BUSINESS OF MOWN
130 5	AL RESIDENCE (IF NUI STATE Aryland	RSIND HOME OR OF OUNTY	,	GIVE RESIDENCE BEF Baltimo	FORE ADMISSION) DWN PE	13d INSIDE CITY LIMIT YES A NO	S? 13e_SI	reel address Wal	ker A	venu	e	21212
	obert	Ĩ.		Ha.rrou	ın, Sr.	15. MOTHER'S MAIDEN FIRST Myrtle	NAME	MIDDLE M.			Feld	er
	VAS DECEASED EVE YES, NO OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SE 272-09-		17. INFORMANT Springfiel	ld Hosp	oital C	enter	Rec	ille ords	, M _d .
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only	one couse per	line for (o), (b),	and (c)						APPROX	IMATE INTERVAL ONSET AND DEATH
NO		e lost SNIFICANT CO	NDITIONS CO		O DEATH BUT	ASCVD NOT RELATED TO THE nile onset	TERMINAL DI	SEASE OR CO	NDITION G	SIVEN IN	PART 10	0
IFICATI	19a DATE OF OPERA	-			-	N WAS PERFORMED	200 YES	AUTOPSY?	IN CER	YES, WER	E FINDIN CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEATH	216. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c. HOW INJURY OC			_		R PART 2)	
MEDI	21d INJURY OCCUP	WHILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC.)	21f LOCATION STREET		CITY OR T	OWN	co	YTAU	STATE
	220 I certify that (sow the decea above, (I) (we)			0	0	-83 , 19 , and that in (X) (our) api	inion deoth o	ccurred on the	dote and h	19 <mark>8)</mark> our ond	,	that (I) (we) los couses stated
	226 SIGNATURE	m	On	In S).	DEGREE ATTENDIN PHYSICIA	NG MED	ICAL ST	AFF ICIAN			SIGNED 4-84
	Jae M.	Park.		· (1):		22¢ ADDRESS						
23o. E	BURIAL, CREMATION		236. DATE	23	c. NAME OF C	EMETERY OR CREMATO	ORY 23d.	LOCATION CITY OR TOWN		COUNT	Y	STATE
	Crema	ation	3/6/8	34	Green M	ount	I	Baltimo	re_			Md.
	uneral director tchell-Wie	defeld	Home,	ADDRESS	Ralto	Md 21212 250	MAR 8	BY REGISTRA	R 25% DEGI	Barid	PROM	andelle

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BP DHMH - 16 50M 1/76 (VR A 15 (4))

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OR ATTENDING PHYSICIAN: The low

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24 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc. 6500 York Rd.

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OR: After this certificate has been signed by the attending physicion and c ruse as the burial-transit permit. Then please remove corbonpapers. Pages Health and Mental Hygiene prior to burial, cremation, or removal.

and Mental Hygiene prior

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FOR - STATE REGISTRAR . DECEASED NAME

FIRST

DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	8	
DLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
HEN	SON		3-	15-84	0406 N
	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 66 YRS.	IF UNDER I YEAR	HOURS MIN.
IAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	MD
SPITAL, NURSIN ACILITY, GIVE STREET A L CO. G	(DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LABOR		F BUSINESS OR
E RESIDENCE BEFORE C. CITY OR TOWN WESTMIN	٧	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 301 KIRKHOFF F	ROAD 21	1157
SON		15 MOTHER'S MAIDEN NAMES TA	ME MIDDLE)RD	ī
b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
33-22-6	997	NORA HENSON	13e 21157	,	
e for to), (b), and	((0).)	o. (A====	187.11	APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
UMUM	un	in Many	1/ Yuly		

(TYPE OR PRINT) JOHN B. 3. SEX 4. RACE MALE WHITE To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WE USA. 10. CITY OR TOWN OF DEATH 11. NAME OF HO (IF NOT IN SUCH F VESTMINSTER CARROL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIV 130. STATE CARROLL 14 FATHER'S NAME MIDDLE JOHN HEN 16a WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF tocardial suprestion Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 19 8U sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OR PRINT 22e. ADDRESS · main of . west minutes HD 2115 NAGANWA 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (SPECIFY) BURIAL

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR

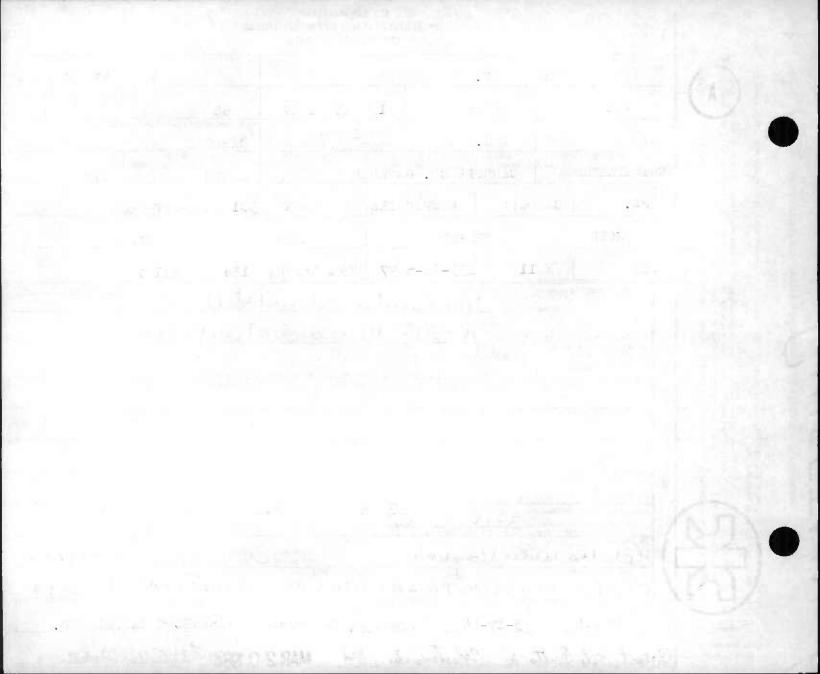
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FINKSBURG CARROLL

STATE

CITY OR TOWN

MENORIAL



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	IYGIENE U	REG. 1) 3	7		
	CEASED NAME	FIRST		MIDDLE	L	AST	2g. DAT	OF DEATH	MONTH	DAY	YEAR	2b. HOUR
LIAB	E OR PRINT)	ermit		1	11	0 - 1			3	13	84	1413
3 SE	X	ermi 1	RACE	<i></i>	5. DATE C	OF BIRTH	6. AGE	(IN YEARS LAST B		-	NDER I YEAR	IF UNDER 24 HRS
N	Male		auc.		MONTH	15 18	66		YR:	MONT	HS DATS	HOURS MIN.
	IRTHPLACE (STATE OF F	FOREIGN 76	USA.	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9 BALTI	MORE CITY	OR COUN		DEATH	MD
V		ER	CARR	OLL CO.	ADDRESS) GENEF	ROTHER INSTITUTION		AL OCCUPA WORK FOR MOST ON		G LIFE) IT	26. KIND C NDUSTRY STATI	OF BUSINESS OR
130.	AL RESIDENCE (IF NURS) STATE ID •	136 COUNTY CARRO	LL LL	13c. CITY OR TOW WES TMIN	/N	13d INSIDE CITY LIMITS	? 13e. STRE 26 V	ET ADDRESS		REE'	7211	57
14. F	LA BÂN	K .**	HER	SHEY		15 MOTHER'S MAIDEN EDNA		MIDDLE	COL	TO TO	LAS	ST T
16n \	WAS DECEASED EVER			16b. SOCIAL SECU	IDITY NO	17 INFORMANT	I	ADDE	COV	ER		
1	ES OR UNKNOWN)	IN THE GIVE A	(AR OR DATES)	166-12-			HERSHE		3e	23	1157	
	Conditions, if any, gave rise to imm couse (a), stating underlying cause	nediote g the	(b) 44 DUE TO, OI	ras a conseoue ras a conseoue 40 pack	sive, /	Itherosclerations Cornet	to Sin	,	tery d	15Ces	72	. 4yrst
NOI	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO		DEATH BUT	NOT RELATED TO THE TE			VDITION (GIVEN I	_	
TIFICAT	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	20b. IF	YES, WE	RE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCC	URRED (ENTE	R NATURE OF INJ	URY IN ITEM I	IB PART I	OR PART 2)	
MEDI	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR T	OWN		COUNTY	STATE
	saw the decease abave (1) we) (d	d alive as	march	9 10 8		d that in (m) (aur) apini	, 10	March urred on the c	date and h			that (we) lost causes stated
	226, SIGNATURE VILL 228 PHYSICIAN'S NA	em /	? Cox	ourk	e W		MEDIC DIRECT	AL STA OR PHYSI	AFF CIAN [3/1	SIGNED 13/84
	William R.			1.D.		150 W. Mair	Stree	et. Wes	stmin	ster	. Md	. 21157

23c NAME OF CEMETERY OR CREMATORY

EVERGREEN

23d. LOCATION CITY OF TOWN

FINKSBURG CARROLL MD.

1250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

WAR 21 984 Julia Davidson—Rundalle.

COUNTY

STATE

BP.

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or attending physicion.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending providing and campietely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbon papers. I and 2 thould be filled within 72 with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

injury, or other troumotic event, the

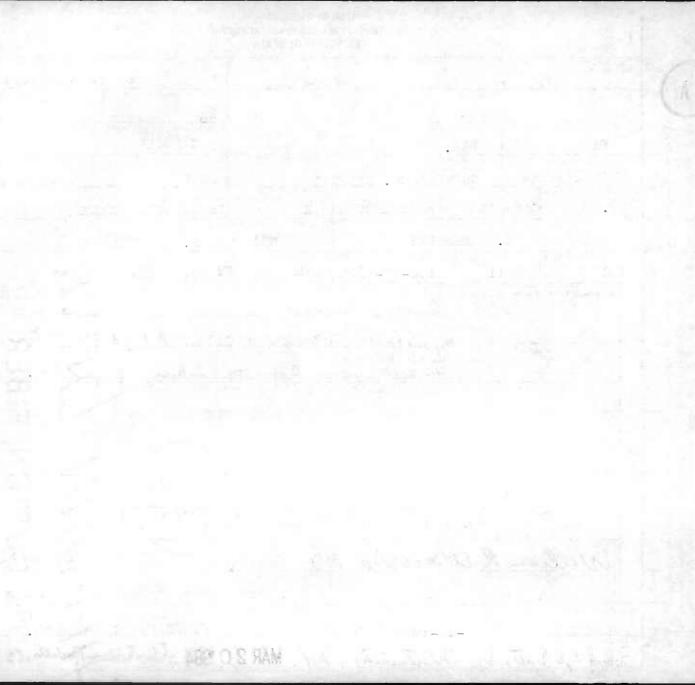
BURTAT.
24 FUNERAL DIRECTOR
Reference Kyli

23e. BURIAL, CREMATION, REMOVAL

(SPECIFY)

23b. DATE

MPORTANT: If Item 21 is marked or Item 18 shows ony



the offending should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please

injury, or other troumotic #

IMPORTANT: If Item 21 is morked or Item 18 shows any

STATE OF MARYLAND

1 -	FOR STATE			DEPARTM		EALTH AND ME		ENE					
_	REGISTRAR								REG. NO.				
	CEASED NAME OR PRINT)	FIRST		MIDDLE	L	AST		2a DATE OF DE	ATH MC	ONTH D	AY YE		26 HOUR
		KUTH		E.	H	KDT			3	z	1 8	4	10:25 AM
3. SE	X	4	RACE		5. DATE C		6	AGE (IN YEARS	LAST BIRTHO		IF UNDER I	-	IF UNDER 24 HRS
	7		W		MONTH		YEAR	5	20		ONTHS. D	AYS .	HOURS MIN.
7- 01	RTHPLACE (STATE			WHAT COUNTRY?	. 4	27_	03	BALTIMORE	CITYOR	YRS.	OFDEAT	ч	
	COUNTRY)	OR FOREIGN /	CITIZEN OF	WHAI COUNTRY?	MARRIE	D NEVER MA	RRIED "	BALTIMORE	CIT OK	COUNTY	OF DEAT	п	
	Ma		45.	A	WIDOWE		RCED 🗌	CA	RRO	LL			M
10 CI	ITY OR TOWN OF I	DEATH 1		HOSPITAL, NURSING		OR OTHER INSTIT	UTION 1	120. USUAL OCC					BUSINESS OR
5	VKPSII	1110	THOUSAND	TO HAD I	~ n	N.H.		Teac	· La	ORKING LIFE	(IK!	ATTA
USU	AL RESIDENCE (IF N	NURSING HOME OR O	THER INSTITUTION	N, GIVE RESIDENCE BEFORE	ADMISSION)	7 7 7		1-11	-/10		124	4	10
13a. S	TATE	136. COUNT	Υ	13c. CITY OR TOWN	1	134. INSIDE CITY	Break	3e. STREET ADD	RESS	200	In	re	vare.
1	nd,	CAR	ROIL	DAKEZ.			ION	Lesk	ess	2000	10	201	2170
14. FA	THER'S NAME	M	DDLE .	4 LAST		15 MOTHER'S A			IDDLE			LAST	
0	ohn	W		Dillian	n.s	Man	110				m	4.	SON
160. V	VAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	16b SOCIAL SECUR	ITY NO.	17 INFORMAN	T		ADDRESS				, , , ,
C	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214 40 49	30	Par me	De Den	· an	· m	1.	1	1.	6
	No			214 40 45	30	r.ersque	1. nu	· EV	4-1010	- Ch		-1	<u>C</u> ,
				er line for (a), (b), and	(c).}	,	4.0.0				8ETY	PROXIA	NATE INTERVAL NSET AND DEATH
	PARTI. DEATH	- IMMEDIATE		PARKIN	SON	'S P/S	EASE	140					
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			DUE TO, C	DR AS A CONSEQUE	ACE OF								
	Conditions, if a gove rise to		(p)					_				-	
	cause (a), st	ating the	DUE TO, C	OR AS A CONSEQUE	VCE OF								
	underlying co	use last.	(c)_										
	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE OF	R CONDIT	ION GIVE	NINPA	RT Ito	1
o Z													
CERTIFICATION	19a. DATE OF OPE	RATION	196. CONE	OITION FOR WHICH (OPERATIO	N WAS PERFORA	MED	20a AUTOPS	Y? 2	0b. IF YES	WERE FI	NDIN	GS USED
문								W55 57				JSES	OF DEATH?
E			AN THE	OF INJURY		121 11011111111	IDV O C CUIDE		<u>○</u>	YES		_	NO 🗆
	210. ACCIDENT WAS		110110 4		Y YEAR	ZIC HOW INJU	IKT OCCURRE	D (ENTER NATURE	OF INJURY II	N ITEM 18 PA	ART I OR PAR	T 2)	
MEDICAL	(IF EITHER, NOTIFY A			P.M.	19	MARKET SEC.							
ă	21d. INJURY OCC	URRED		OF INJURY		211. LOCATION		-	TV 00 TOWN		COUNT	v	STATE
Σ	WHILE NO	T WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, FA	RM ETC }	STREET		Cs	TY OR TOWN		COOM		SIAIE
		WORK			Dage	mber	19.80	10 17291	nr6 2	7	024		
			march	he deceased from	_			_, 10			/		hat (I) (we) los
	abave, (I) (we	eased alive an _ e) (did) (did not)		y ofter death.	. or	nd that in (my) (a	ur) opinion de	eath occurred a	n the date	and hour	ond from	the c	ouses stated
	226. SIGNATURE	8 no	M			DEGREE	351 9	A 7.			22c. D	ATE S	SIGNED
	108	Clas,	1000	lno			ENDING	DIRECTOR	STAFF	NU	3.	/21	124
1	22d. PHYSICIAN'S	NAME (TYPE OF	MINOY)			22e. ADDRESS							
	E111	C Mr	-7 /	n D		1420	· 1, h.	enty R	-1	E/1	anch.		lean
	E 6-6-1-	-> /-1E	-6-)			17120				E/0	erslan	17	161 TS.
23a E	BURIAL, CREMATIC		236. DATE			EMETERY OR CR		23d. LOCATIO			COUNTY		STATE
	Buri	al	3/24	/84 I	orra	ine Park	- 1		timor	ce. M			SIAIE

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

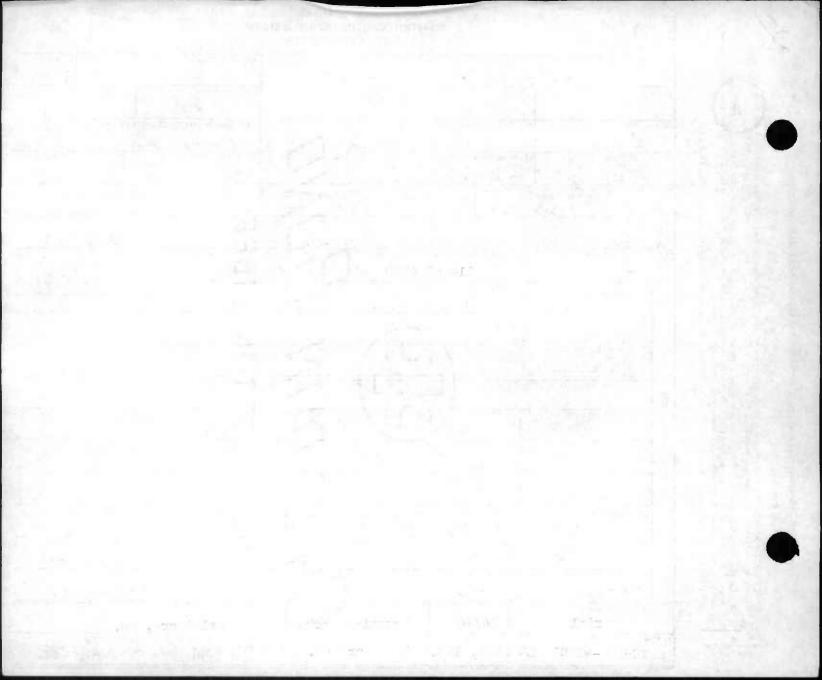
or offending physician.

etoined by the hospitol

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INCORESS 6500 York Rd. Baltimore, Md

250. DATE REC'D. BY REGISTRAR M. REGISTRAR'S SIGNATURE MAR 23 1984 June Davidson Fundament



	DECI	REGISTRAR EASED NAME OR PRINT:	MIDDLE		CATE OF DEATH	20. DATE OF DEATH	NO.	Y YEAR 2b H9
/		Charl		Jacko	WSLL SI	6. AGE (IN YEARS LAS	3 14	FUNDER LYFAR IF UNDE
2	SEX	Male	White	5. DATE O	- 17- 1940	43	YRS.	ONTHS DAYS HOURS
2	CC	PA.	76. CITIZEN OF WHAT COUNT	WIDOWE		9. BALTIMORE CIT	011	
NI	W	estminster		OUT Ly	Hospital	120. USUAL OCCUP {TYPE OF WORK FOR MO MANAGER		illock .
U:	SUAI a. ST	ATE MA. 136 COUN	- 11 111.		136. INSIDE CITY LIMITS? YES NO	130. STREET ADDRES	s Patt	on Priv
	. FAT	Peter ^	JACKOWS LAST	ki	15. MOTHER'S MAIDEN NA	WE		Alex
16e		AS DECEASED EVER IN U.S. ARA S. NO OR UNKNOWN) JIEYES, GIVE	MED FORCES? 166. SOCIAL S	SECURITY NO.	17. INFORMANT MACY JAC	kowski	Wood	bine, Me
umofic		4321	D BY: E CAUSE (of)	Doue of He	SUBARACHNOL	HEMORA	RGE VOLVE	
y, or other froumc			DUE TO, OR AS A CONSE	SOUTH OF	SUBARACHNOL	ans of the		N IN PART TO
y, or other froumc		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost.	DUE TO, OR AS A CONSE	EQUENCE OF	SUBAPACHNO.	ans of the	ONDITION GIVE 20b. IF YES, IN CERTIFY	WERE FINDINGS USE ING CAUSES OF DEA
item 18 shows any injury, or other troumofic ex-	CEKTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	EQUENCE OF	SUBAPACHNO.	AINAL DISEASE OR C 200 AUTOPSY? YES KE NO	ONDITION GIVE 20b. IF YES, IN CERTIFY YES	WERE FINDINGS USE ING CAUSES OF DEA NO
18 shows only injury, or other froum.	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT C 90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSE	EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO RED (ENTER NATURE OF	ONDITION GIVE 20b. IF YES, IN CERTIFY YES	WERE FINDINGS USE ING CAUSES OF DEA NO
Is shown only along an other fround	MEMCAL CEKTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT C 90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA: (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	DUE TO, OR AS A CONSI DUE TO, OR AS A CONSI ONDITIONS CONTRIBUTING 19b. CONDITION FOR WH TH HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF B TO DEATH BUT HICH OPERATION DAY YEAR 19 FEICE, FARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 216. HOW INJURY OCCUM	200 AUTOPSY? YES NO CRED (ENIER NATURE OF	20b. IF YES, IN CERTIFY YES INJURY IN ITEM 18. PAR	WERE FINDINGS USE ING CAUSES OF DEA NO (RT OR PART 2)
If them 21 is marked at them 18 shows any injury, or other fround	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT C 9a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 10 WHAT OF OPERATION CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	DUE TO, OR AS A CONSE DUE TO, OR AS A CONSE ONDITIONS CONTRIBUTING 196 CONDITION FOR WE 196 CONDITION FOR WE 196 CONDITION FOR WE 197 HOUR A.M. MONTH P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR 19 FRICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUI 21f. LOCATION STREET 4 thur in (pr) (our) opinion PHYSICIAN	200 AUTOPSY? YES NO CRED (ENTER NATURE OF CITY Of deoth occurred on th	20b. IF YES, IN CERTIFY YES INJURY IN ITEM 18. PAI OR TOWN	WERE FINDINGS USE ING CAUSES OF DEA NO (RT OR PART 2)
Is shown only along an other fround	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT C 96. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (1) EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	DUE TO, OR AS A CONSE DUE TO, OR AS A CONSE ONDITIONS CONTRIBUTING 196 CONDITION FOR WE 196 CONDITION FOR WE 196 CONDITION FOR WE 197 HOUR A.M. MONTH P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR 19 FRICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUI 21f. LOCATION STREET 19 ATTENDING	200 AUTOPSY? YES NO CHEEN NATURE OF CITY OF CHEEN CONTROLL MEDICAL S	20b. IF YES, IN CERTIFY YES INJURY IN ITEM 18. PAI OR TOWN	WERE FINDINGS USE ING CAUSES OF DEA NO [RT 1 OR PART 2) COUNTY that (I) and from the couses s

Western steek I Chitash Sweety Nespokal Margar Sphare Westernoon ent of the sign of the sign of the second of the sign Latte ... and a supplied to the control of the cont Beech to the territory bearing the time the The of Husic Schools, The St. 1848 Till

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	7	0	1

	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
	DECEASED NAME	FIRST MIDDLE	LA	AST	20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
	ROBEN	RT FRAIZE	R Jo	NES	MARCH 27	- 1984	10:1.
3	3. SEX	1. RACE	3. DATE O	F BIRTH DAY YEAR 1968	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS A
3.1	O. BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN OF WHAT CO	OUNTRY? 8.	Aut and	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
	MARYLAND	USA	MARRIED		CARROLL		
2/	II. CITY OR TOWN OF DEA	TH 11. NAME OF HOSPITA		R OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS
W	WESTMINST	ER 410 OAK	HILL (COURT	LABORER	CEME	
35	MARXIAND	136_COUNTY 13c. CITY		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS WE	COURT	21157
ine i	4. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME		21121
exolution (A)	PERRY	MIDDLE	ONES	IRENE	MIDDLE	MILBEI	PRY
medical	60. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? 16b. SOC (IF YES, GIVE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	410 DARESS	HILL COU	RT
E/	No	2/3-	-03-1089	HARRIET E	· JONES WE	STMINST	ER INTERVAL
umotic even	PART I. DEATH W 4292 Conditions, if ony,	DUE TO, OR AS A C	ONSEQUENCE OF	Twosele	₹	elure -	yea
njury, or other t	gove rise to imm cause (o), stating underlying cause PART 2. OTHER SIGN	g the DUETO, OR AS A C		NOT RELATED TO THE TERM	MINAL DISEASE, OR CONDITIONS STatus:	ON GIVEN IN PART 1	Pius.
à G	NO 3 J J J J J J J J J J J J J J J J J J	ION 196. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	20g AUTOPSY?	TIF YES, WERE FINDS CERTIFYING CAUSES YES	INGS USED S OF DEATH?
7 4	OD COLUMNIA TO C	AUSE OF DEATH HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJURY OCCUR			
rked ox I	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIWH AT WORK AT WORK	LE TAT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STAT
frem 21 is mo	saw the decease	(this haspital) attended the deceas id alive on 3 - 7 id) (did nat) view the bady after dec	19 8 4 , and	d that in (my) (our) opinion	deoth occurred on the date an		that (I) (we) couses states SIGNED
IMPORTANT: IF	Es ha	ME (TYPE OR PRINT)	J'J-	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	3	27-8
MPORTANT	EPHRA	ing 75. 13 A1	RZAGA	NEW W	VINdSOR,	md.	2177
_ 2	230. BURIAL, CREMATION, I (SPECIFY)	3-31- 84	230 NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN UNIONTON	N CARREL	L STAT
/82	DD Hart	ler Union Br	ADDRESS T	nd MA		na Davidson-	gandelle

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STATE OF MARYLAND

11= 1912

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

CLARA

MARGUERITE

DIVORCED

MARRIED NEVER MARRIED

YES

LAST

5. DATE OF BIRTH

WIDOWED

SR.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Mari 4 Westmister MD21157

CARROLL MD.

23r NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 BURIAL CREMATION REMOVAL 23b. DATE CITY OF TOWN (SPECIFY) kriders

page 3 director, po within Filed d'2 shoul ď d O d burial-transit per Mental Hygiene the band DIRECTOR: FUNERAL DIRECT

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the State Dept. of

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FOR - STATE

REGISTRAR

MALE 7a. BIRTHPLACE (STATE OR FOREIGN

MD.

I CITY OR TOWN OF DEATH

CHARLES

Conditions, if ony, which gove rise to immediate couse (a), stoting the

underlying couse lost.

19a DATE OF OPERATION

21d. INJURY OCCURRED

WHILE

AT WORK

216. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING T CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an_

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22s.1 certify that (1) (this hospital) attended the deceased from

above, (1) (we) (did) (did not) view the body ofter death

166 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

WESTMINSTER

(YES, NO OR UNKNOWN)

FIRST

JULTUS

L DECEASED NAME

(TYPE OR PRINT)

COUNTRY

130 STATE

MD.

4. FATHER'S NAME FIRST

1 SEX

CERTIFICATION

0

DHMH - 16 50M 4/B2 (VRA 15, 4)

WHITE USA.

P.

4. RACE

MIDDLE

(IF YES, GIVE WAR OR DATES)

Th CITIZEN OF WHAT COUNTRY?

KING

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CARROLL CO. GENERAL

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY WESTMINSTER CARROLL

21b. TIME OF INJURY

P.M.

210. PLACE OF INJURY

KING 16h SOCIAL SECURITY NO

17 INFORMANT 219-34-7059

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF

PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

22e. ADDRESS

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20s. AUTOPSY?

NO

YES I

20h. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

NO

2h HOUR

HOURS.

12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STOCK

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN [DIRECTOR | PHYSICIAN [

CITY OR TOWN

REG. NO

9. BALTIMORE CITY OR COUNTY OF DEATH

CARROLL

TYPE OF WORK FOR MOST OF WORKING LIFE

SINGELADORESS TILL ROAD

ADDRESS

13e

6

IF UNDER I YEAR

DAYS

26. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY

12s. USUAL OCCUPATION

M ..

Cardial sujaretion

KING

24. FUNERAL DIRECTOR

226. SIGNATURE

22c. DATE SIGNED

O THE STREET STREET OF THE STREET Cavilias Breezi. A COURT ANGOCAMBERS SENTANCED To the sale of the Columbiation of the columbiant AN OFTE CHITERON WARRANTA 174 E MO-VI GOSTONETHE

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		V.

STATE OF MARYLAND

	1 -	STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. NO).	
		GRASED NAME FIRST GRACE	E LUCSUPA	KLEE	MARCH	30 1984	10 AM
	1 SEX		MULLITE TON	OF BIRTH	AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN.
	74. 55	SINTENDE CONTROL TO	CITIZEN OF WHAT COUNTRY? 8. MARR WIDOV	IED NEVER MARRIED	BALTIMORE CITY OF		MD.
	J.	DE OR JOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTIBILITION	120 USUAL OCCUPATION (TYPE OF YORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
7	USU/	RESIDENCE HURSING HOME OF OTH	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		130 STREET ADDRESS	er Phil	Rd.
U	IA.FA	THERENAME COL	NE Zeph	15. MOTHER'S MAIDEN NAM	EMIDDLE	51:17	ing
		VAS DECEASED EVER IN U.S. ARME ES, NOSSE RINGWED (18 YES, GIVE WA		Martha A	th Wastl	AH	rney
	N.	Conditions, if any, which give rise to immediate course for stating the underlying course lost. PART 2. OTHER SIGNIFICANT CON-	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF NDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONT	DITION GIVEN IN PART 1	(a)
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ION WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
-	MEDICAL CER	216. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING CAUSE OF DEATH OF EITHER INDEPS MEDICAL EXAMPLES 216. INJURY OCCURRED. WHILE NOT WHILE CAUSE AT WORK	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION	ED (ENTER NATURE OF INJUR		STATE
		17n.1 certify that (1) (this haspital) saw the deceased alive and obove, (1) (we) (did) (did not) vi	100 29 1084	and that in (my) (gur) opinion de	ta. MAA	te and hour and from the	that II (we) last causes stated
		THE PHYSICIAN'S NAME (TYPE OR PRI		ATTENDING PHYSICIAN 220 ADDRESS 2 1 8	MEDICAL STAF	F _ 7/	1084 1087/
	23a. 8	DANIEL L BUIL REMOVAL	WELLIVER MI 236 GATE 3-1584 KESIM	F CEMETERY OR CREMATORY	23d. LOCATION HYORTON	for County 11	ILAND.

YO HOSPITAL OR ATTENDING PHYSICIAN: The law requires retained by the hospital or attending physician

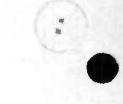
DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this centricate has been signed by the attending physician and completely tilled in by the funeral distributed be detached for use as the buriof-transit permit. Ben please embre carbonpapers. Pages 1 and 2 should be filled within 72 has with the State Dept, at Mealth and Mental Hygiette prior to buriof, crimation, as removal.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO I. DECEASED NAME FIRST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Andrew Stephen Krumholtz 1984 March 30. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX Male White July 25, 1913 70 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Maryland Carroll County U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12h KIND OF BUSINESS OR Carroll County Gen. Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

ASSEM Westminster Assembly Plant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21136 130. STATE 955 Shirley Manor Road Balto. 13c. CITY OR TOWN Md. Reisterstown NO A M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C. Krumholtz Frederick Elizabeth Helen Lieben 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 955 Shirley Manor Road LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-03-8130 Margaret Krumholtz Reisterstown, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c) CARDIOPULMONARY PART I. DEATH WAS CAUSED BY: 98 A DUANCE A DENOCA, PROSTATE (1979-1984 Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram sow the deceased alive on. and that in (my) (our) opinion death occurred on the late and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226 AIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS

MADRINA 23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY April 2, 1984 Lake View Mem. Park

Westmaster

Sykesville, Carroll, Md.

hard Owings Mills, Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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Burial

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME LAST 2b HOUR 50 (TYPE OF PRINT) GROVER LARF 2 1: SE X DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR 88 MALE CAUCASIAN 1896 10 O BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED COUNTRY MARRIED MARYLAND CARROLL COUNTY WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET WESTMINSTER CARROLL LUTHERAN VILL. HEALTH CARE FARMER & Mill JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 113r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND HAMPSTEAL 2904 CARROL SHILOH AVE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE HEFFNER JOHN MARY ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-07-4844 Mrs. Margie Avers, Hampstead. no 18 CAUSE OF DEATH (Enter only one couse per line for (a) The and ic PART I. DEATH WAS CAUSED BY aRCINOMA JUN IMMEDIATE CAUSE ARCINOM Canditians. if any, which gove rise to immediate couse (a), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 83 RCINON NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION STREET 21d INJURY OCCURRED 21e. PLACE OF INTURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220-1 certify that (I) (this hospital) attended the deceased from and that in (my) (one) apinian deoth accurred an the date and hour and fram the causes stated obove, (1) (wa) (did) (did ot) view the bady after death 226. STGNATUR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN S DIRECTOR PHYSICIAN 22e ADDRESS 23o. BURIAL, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE

Evergreen Mem. Gardens

DHMH - 16 60M 1/75 (VR A 15 (4))

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marked ar

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IMPORTANT:

The Stote Dept.

should be

24 FUNERAL DIRECTOR

Burial

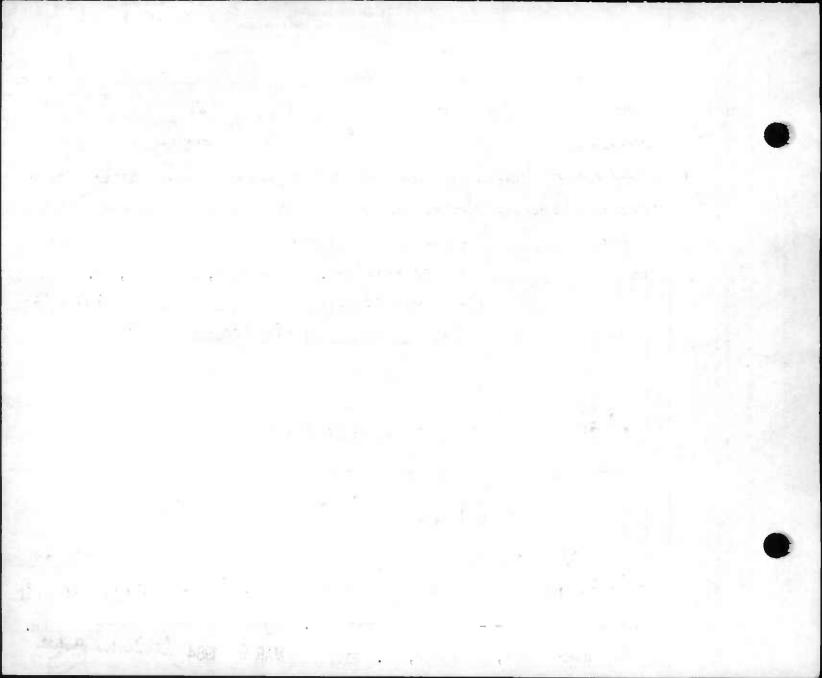
Eline Funeral Home, Hampstead, Md.

Finksburg

Carroll 230 DATE REC'D. BY REGISTRAR SO REGISTRAR'S SIGNATURE

STATE

COUNTY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DATE OF BIRTH

MIDDLE

CITIZEN OF WHAT COUNTRY?

CERTIFICATE OF DEATH

REG. NO

MONTH

3

70 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH

DAY

YEAR

84

IF UNDER 1 YEAR

20 DATE OF DEATH

"13

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MARRIED NEVER MARRIED

6. AGE (IN YEARS LAST BIRTHDAY)

2b. HOUR

3 3 M

F UNDER 24 HRS

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3	YKESVILLE		OSPITAL, NURSING HO		HER INSTITUTION	(TYPE O	UAL OCCUPATION	ORKING LIFE)	12b. KIND OF BUSINESS CINDUSTRY	OR
		ME OR OTHER INSTITUTION. COUNTY	GIVE RESIDENCE BEFORE ADMIS 131. CITY OF TOWN BALTIMORE	13d. YE	INSIDE CITY LIMIT S 📈 NO 🗌	291	REET ADDRESS	ROSE	A VE. 215	1000 PP
E	TARREST TO STATE OF THE PARTY O	AAC)	LEVINE	f.		NAME	WIDDLE		GELFANZ	2
	VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	212-88-97	28-M	SIDNEY M	EYER 7	ADDRE		····	
	18. CAUSE OF DEATH (En PART I. DEATH WAS C		meningi		of B	brain			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI	н
	Conditions, if ony, whi gove rise to immedia	ch ((b)	as a consequence	of av de	al inf	arcti	on .	•		
	underlying cause lo	(c)	AS A CONSEQUENCE		DEL ATED TO THE	TERMINIAL DI	SEASE OR COME	NITION COURT	IN DARY 1	=
ATION	PART 2. OTHER SIGNIFIC		TION FOR WHICH OPER				AUTOPSY?		VERE FINDINGS USED	
CERTIFICATION	21g. ACCIDENT WAS UNDERLYI				HOW INJURY OC	YES	□ NOM	IN CERTIFYIN	G CAUSES OF DEATH?	_
MEDICAL C	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 214. INJURY OCCURRED	OF DEATH HOUR A.	M. MONTH DAY	YEAR 19	LOCATION	CORRED (EN	IER NATURE OF INJUR	TIN HEM ID, PARI	ORPARIZ)	
MEC	WHILE NOT WHILE E	(AT HOME, STR	EET, FACTORY, OFFICE, FARM, E		STREET	37	MAREH		STATE STATE	
	220 I certify that (I) (this sow the deceased all above, (I) (we) (did) (c 22h. SIGNATURE	tve on MARC! did nat) view the body	1 4 19 84	, and the		nion death oc			nd from the couses stated	ast
	224. PHYSICIANS NAME	mo	Wh MD	M]	ATTENDIN PHYSICIA ADDRESS		CAL STAF		3-4-8	4
	JUE	M. DUR			SPRINGFI					
	BURIAL, CREMATION, REMI BURIAL	3/4/8	4 HEBR		OUNG MENS				TIMORE, MD.	
	uneral director SO 6010 REISTER	L LEVINSON STOWN RD.	& BROS. BALTIMORE,	MD.(2		MAR 9°	1984	TIME DO	RS SIGNATURE	
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BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN; The retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Pand 2 should be detached for use as the burial Hygiene priar to burial, cremotion, or removal.

injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows ony

FOR - STATE

REGISTRAR

FIRST

EMANUEL

LISTATE OF FORE ON

4. RACE

1. DECEASED NAME

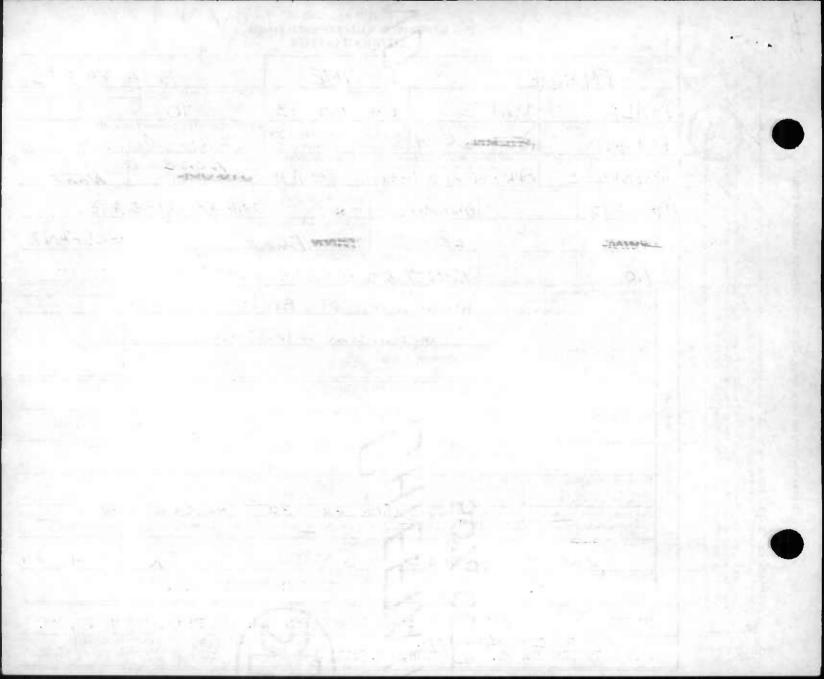
(TYPE OR PRINT)

3. SEX

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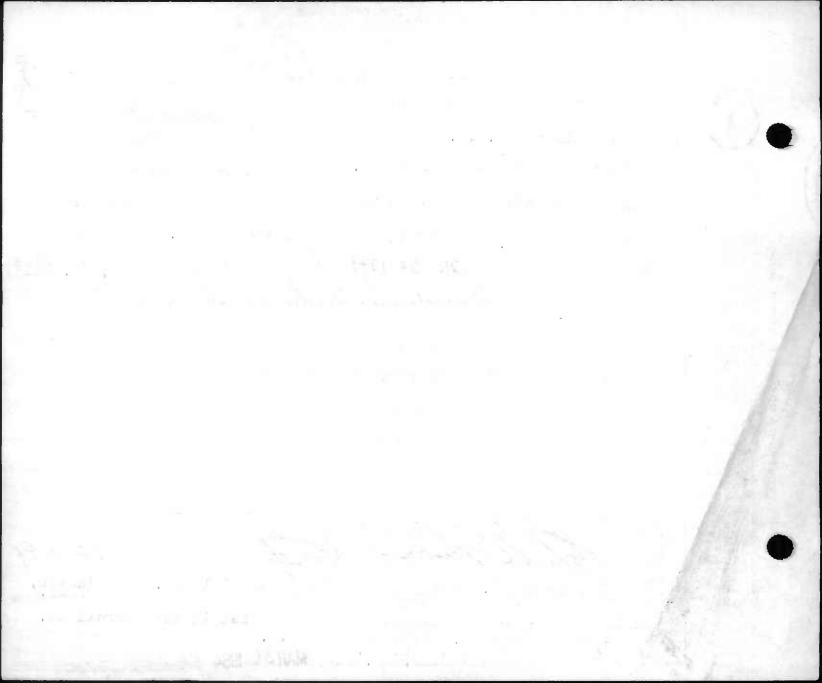
moy be

within 24 hours ofter death. Page 4



STATE OF MARYLAND

FOR



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC	NO

	CEASED NAME FIRST John	Walter M	erkel	2	DATE OF DEATH MONTH	-1-84 9 31
3. SE)	Male	White	5. DATE OF BIRTH	12YEAR	AGE (IN YEARS LAST BIRTHDAY) 72 YR	
	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY?	MARRIED ENEVER M	ARRIED . 9.	Carroll Cou	nty
	Vestminster	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Carroll Count	y Gen. Hospi	tal 1	USUAL OCCUPATION WHE OF WORK FOR MOST OF WORKIN QUIP UPERATO	12b. KIND OF BUSINE
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE) HE COUN BALT		N 134. INSIDE CIT	TY LIMITS? 13	STREET DOOR FEET A	ve., 21136
14. FA	ATHER'S NAME WITLIAM H	enry Merkels		MAIDEN NAME	Agnes	Schwartz
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	and cause per line for isi, (b) In D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	ricular 17	Myocan	Reisters	APPROXIMATE INTER BETWEEN ONSET AND
NOI	underlying cause last	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART 110
TIFICATION	underlying cause last	CONDITIONS CONTRIBUTING TO 1			200 AUTOPSY? 20b. IF	GIVEN IN PART TO YES, WERE FINDINGS USED RTIFYING CAUSES OF DEAT YES NO
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT (21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFOR 21c. HOW INJ 21l. LOCATIO	RMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEAT YES NO

DHMH - 16 50M 4/B2

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fun should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 3 nisuald be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the hospital or ottending physicion.

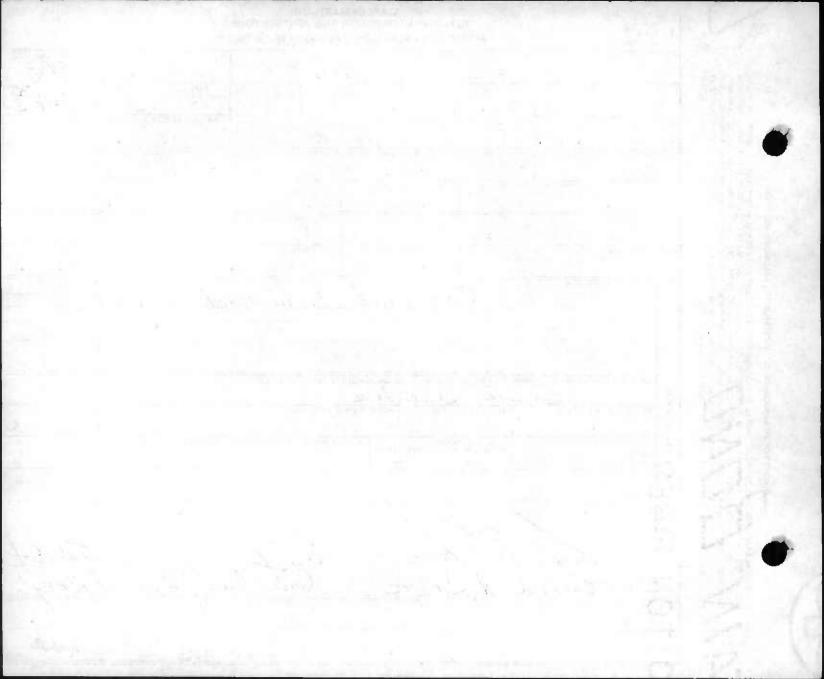
(VRA 15, 4)

Owings Milds, Md.

NAR 06 1984 July Davidson-Randers

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P. PLEASE BRECTOR. O.R. FILES.	ON STR			ite S	ept.15	YEAR 6 AGE IN LAST BIRTH	DAYI MONT		MIN	RONOUNCED DEAD	3	4 84	182
(Me	E	FO	THPLACE ISTATE OR PEIGN COUNTRY) CO.		USA	T COUNTRY?	8 MARR	-11	RRIED	Carrol]		TY OF DEATH	MD.
PAGE S FREE	10		ry or town of dea Finksbur (F NOT IN SUCH FACI	TAL, NURSING HOA		ER INSTITUTION	FORM	ALOCCUPATION (OST OF WORKING LIFE) USEWIFE	TYPE OF WORK	Home	BUSINESS
ANY BEAND 3 TRETAIN		I3a. S	RESIDENCE (IF IN NUR ATE	36. COUNTY Carr	R INSTITUTION, GIVE 011	RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Finksbu		13d. INSIDE CITY LIMITS	13e STRE	et address 23 Wesle	ey Rd	. 210	148
OKE, MD. 21201 DEATH, IF ANY DEL AGES 1, 2, AND 3 TO RM PM 3, RETAIN P	\$//		THER'S NAME PIRST Thett	Šp	encer	LAST		15 MOTHER'S MA Mary		llgire		LAST	
AFTER DI IVE PAG H FORM H GOES IV	Noisi	16a. V	(AS DECEASED EVER (S. NO, OR UNKNOWN)	N U.S. ARMED F IF YES, GIVE WAR OF		166 SOCIAL SECUR 215-20-5		17. INFORMANT Rober	rt H.	Miller		sburg,	Md.
HOURS M 18. G VG WITI	N PENCIL IN ITEM 18. GIVE PAN XAMINER ALONG WITH FOR ALL TRANSIT PERMIT. PAGES I MENTAL HYGIENE, DIVISION ON IN, OR REMOVAL.		18 CAUSE OF DEATH PART I DEATH WA	H (Enter only one AS CAUSED BY: JAMMEDIATE CA	101	(a), (b), and (c)	rote	Cardio	Vase	ed for the	1000	OXIM/ ITWEEN ON	TE INTERVAL
HIN 24 IL IN ITE ER ALON NSIT PEI			429 Canditions, if a	ny, which	DUE TO, OR A	S A CONSEQUENCE	7.00						
JTED WIT IN PENC XAMINI IAL - TRA			gave rise to cause (a) stating lying cause last.		DUE TO, OR A	S A CONSEQUENCE	OF						11
SE EXECUTEDING" I	CREMATION	NC	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	T HELATED TO THE TE	What DISEAS	E OR CONDITION GIVEN IN	PART 1 (a).				
¥ ♀₽≡3	A A H	CERTIFICATION	19a. DATE OF OPERA	TION	196. CONDITIO	IN FOR WHICH OP	RATION V	AS PERFORMED?				28 AUTOPS	Y?
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MER: THIS CATE, WR FORWARI	INE STA	a	22s. I contily that I		he remains defer	ibed above, hel on	Autar		1	Inquiry 🔀	and in my a	pinian	
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TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WR! PAGE 4 SHOULD BE FOR PAGE TO FUNERAL DIRECTOR, PAGE	MORE,	/	EXAMINER'S NAME	alast	0	X - 10=	^	Out	colf Co	CALEXANTINER	SIGN	1/10	20
	AFTE BAHF	23a.B	JRIAL, CRÉMATION, RI Burial Burial		ATE 6/84	23c NAME OF C			23M, LO CITY 6	CATIO	id Ca	rroll	Ma.
BP		24 F	INERAL DIRECTOR		ADDRESS	Mal		25a. D.A.	TEREC'D. BY	REGISTRAR 25b. R	EGISTRAR'S		2002
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am M	3 SE	x	4 RACE		5 DATE OF			6. AGE (IN YEARS	LAST BIRTHDA	MONT	NDER YEAR	IF UNDER	24 H
ge 7	2	male	Whi	te	Jun e	28,	1 9 2	71		YRS	HS DATS	HOURS	MI
å 100 DI		RTHPLACE (STATE OR FOREIGN OUNTRY)_		WHAT COUNTRY?	8 MARRIED	EVANEVER MA	ARRIED 🗆	9 BALTIMORE	CITY OR C	COUNTY OF	DEATH		
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umpletely		ATHER'S NAME	Mill.	S LAST	1	Ethe	MAIDEN NAM				LAS		
od co		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	7. INFORMAN	IT		ADDRESS				
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ysicio operi operi ot, th		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS		line for (a), (b), one	lic							IMATE INTER	V A L DE A
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sign hen to bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	NIKIBUTING TO L	EATH BUT N	OI KELATED I	O THE TERMI	NAL DISEASE O	R CONDII	ION GIVEN I	NPARITI	0	
been mit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPS		Ob. IF YES, WE			
he lo on. hos t peri	TE							YES N		N CERTIFYING YES		OF DEAT	13
Ctan: T g physici g physici errificate ial-transi ntal Hygi em 18 sh		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	ATH HOUR A.	M. MONTH DA	Y YEAR	žta HOW INJI	URY OCCURR	ED (ENTER NATURE	OF INJURY IN	NITEM 18, PART 1	OR PART 2)		
PHYSI ending this co ne buri d or It	MEDICAL	21d. INJURY OCCURRED	21e PLACE C			LOCATION	7	CIT	Y OR TOWN		COUNTY	ST	ATE
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ATTII Ospit ECTC d for it, of m 21		obove, (I) (we) (did) (did n	ot) view the bady	ofter death.			apinian d	eoth accurred a	n the date	and haur one			ted
he h he h DIRI toche Dep		22b. SIGNATURE	1100		M		TENDING _	MEDICAL _	STAFF		22c. DATE	a men	0
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To To Sho	23a F	RUPLAL CREMATION REMOVA			AME OF CEA	AETERY OR CE		234 LOCATIO		TOMP	ou, M	n 515	. U

23b. DATE

March

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

YEAR

1984

2b HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BP. Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Fline Funer

FOR 1 - STATE

(TYPE OR PRINT)

REGISTRAR 1 DECEASED NAME

Hampsteadm

6.84

23c. NAME OF CEMETERY OR CREMATORY

Dulanev Valley

23d. LOCATION Timonium Balto.

Co. Md.

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MAR 9 1984 MAR 9 1984

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TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Peg

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and camplete should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

and campletely filled in by the funeral di ages 1 and 2 shauld be filed within 72 ho

	FOR
-	STATE
	DECKTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

and the	#	-	-

	۱ -	STATE REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.		
		CEASED NAME OR PRINT)	FIRST HN	Claud	le /	NAI	LL	M)	PRCH 25	1984 Z	7 PSM
	3. SE)	MALE	4	A. RACE S. DATE OF MONTH April		DAY YEAR			MONTHS DAYS HOURS MIN.		
32	3	RTHPLACE (STATE OR FICOUNTRY) Waryland	OREIGN 7	U.S.		/? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMO	ORE CITY OR COUN	TY OF DEATH ARACL	.L
0	10. CI	ESTMINS	世元	1. NAME OF HO	SPITAL, NURS	ET ADDRESS)	ROTHER INSTITUTION	ATYPE OF WOR	occupation ik for most of working mer-Ret:	UFE INDUSTRY	BUSINESS OR
35	130. S Ma:	ryland	13b. COUNT		ve residence bero 3c. CITY OR TO Vestmi	WN		2416	ADDRESS Libert	y Rd.(21	157)
60	1	John		sworth	Nail		15 MOTHER'S MAIDEN N		lorence	Harris	on
/		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MAR OR DATES	66. SOCIAL SEC 219-36		Lillie L	. Math	ney,1911	thersbur 5 N.Pike	OA s
		18. CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY: CAUSE (D)	ME	TAS	TATIL	ARC	INOUN		SET AND DEATH
		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate ig the last.	DUE TO, OR A	AS A CONSEQ	UENCE OF	un of			10	MONTH
Superior Sup	CERTIFICATION	PART 2. OTHER SIGN					NOT RELATED TO THE TER	200 AUT	OPSY? 20b. IF	GIVEN IN PART TO YES, WERE FINDING TIFYING CAUSES O YES []	
9	MEDICAL CER	21a. ACCIDENT WAS UNCOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF	. MONTH	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTERN	ature of injury in item i	B PART I OR PART 2)	
	MEC	WHILE NOT WH	TILE T	(AT HOME, STREE	T, FACTORY, OFFIC	10	N 28 10	4 1	HAR 26	COUNTY	STATE
22a. I certify that (I) (this hospital) prepaded the deceased from 19 , 19 , 10 , 10 , 10 , 19 , 10 , 19 , 10 , 19 , 19									22c. DATE S		
1		22d PHYSICIAN'S N	AME ITYPEOR	7 Wes	llie	1 N	ATTENDING PHYSICIAN 220. ADDRESS 2 6		STAFF PHYSICIAN	3-2	15-8-L
+		BURIAL, CREMATION, (SPECIFY) Bur		WEL 3-29-1			EMETERY OR CREMATORY	Y 23d. LOC	ATION YOR TOWN	Carroll	Ma":
		-ul		1 -/ -	, ,	rayı	rsville				

W. Burrier, Jr., Sykësville, Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

MANAGEMENTS

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6	FOR STATE REGIST
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1 12 4	14. FATHER'S

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	١٥.			
ATE OF DEATH	MONTH	DAY	YEAR	2b. H
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3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDE
4	famale	white	07	108/04 YEAR	79	YRS.	DATS	HOURS
	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? B.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	Md.	USA	WIDOWE	2.0	Carro	17		
	Westminster	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 38 E Geor	STREET ADDRESS)		120 USUAL OCCUPATION OF COOK		Self-	emp
USU	JAL RESIDENCE (IF NURSING HOME O	INTY 134 CITY OR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21]	L57 Street	
	ATHER'S NAME Walter	AUDDIE LAG	Snader	15 MOTHER'S MAIDEN NA Fannie			Roop	T
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL	SECURITY NO. 8-3057	Ms. Bernic		Shop d-Wes		ter
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	SEQUENCE OF	J 0		1		
TION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS	SEQUENCE OF		COL X			
RIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	DUE TO, OR AS A CONSTITUTION CONDITION FOR W	SEQUENCE OF	n was performed	20a AUTOPSY?	20b. IF YES IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USE OF DEA
DICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIGIBLE CONTRIBUTING CAUSE OF DELIGIBLE CONTRIBUTIONS OF CONTRIBUTIONS OR CONTRIBUTIONS CAUSE OF DELIGIBLE CAMBINITY MEDICAL EXAMINATIONS CONTRIBUTIONS CAUSE OF DELIGIBLE CAUSE OF DELICIOR CAUSE OF DELI	DUE TO, OR AS A CONSTITUTIONS CONTRIBUTIONS [C] [19b. CONDITION FOR WARD AND THE CONTRIBUTION	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USE
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFIC ANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 19b CONDITION FOR W 17b TIME OF INJURY HOUR A.M. MONTH	SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19	21c. HOW INJURY OCCURI	20a AUTOPSY?	20b. IF YES, IN CERTIF' YES	, WERE FINDIN YING CAUSES	NGS USE OF DEA
O	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTION	DUE TO, OR AS A CONSTITUTION OF THE CONDITION OF THE COND	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURI	20a AUTOPSY? YES NOTER NATURE OF INJU CITY OR TO	20b. IF YES IN CERTIFY YES RET IN ITEM 18 PA	WERE FINDING CAUSES INTO CAUSES WATER TO THE PROPERTY OF T	NGS USE OF DEA NO [
O	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTION	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 19b CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH ER) P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE, FARM ETC.)	21c. HOW INJURY OCCURI	20a AUTOPSY? YES NOTER NATURE OF INJU CITY OR TO , to death occurred on the death	20b. IF YES IN CERTIF' YES IN CITEM 18 PA	WERE FINDING CAUSES INTO CAUSES WATER TO THE PROPERTY OF T	NGS USE OF DEA NO [

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR Anatomy Board

Balto., Md.

MAR 1 4 1984 Fish Davidson-Rindere

To the second se Market Land Control of the Control o

FOR STATE

page 3

within 24 hours after death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	7	6	5	a	
	REG N	10			

	REGISTRAR		CERTIFIC	CAIL OF DEATH	REG. N	10.		
	ECEASED NAME FIRST	A F.	on i	ECEK	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOU	15
1 05	ANN	, ,	1-176		11112	N 6 1	70712	A
3. SE	EEMAIF	WIT ITE	5. DATE OF	BIRTH YEAR A	6. AGE (IN YEARS LAST BI	MONTH:	DER I YEAR IF UNDER	24 HRS
1 0	1 I- WINLL	1	12	B 28 1900	07	YRS.		
Starmer, or	TRTHPLACE (STATE OR FOREIGN COUNTRY)	b. CITIZEN OF WHAT COUNTR	MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY			
/	WILLA THY!	ואוכ עשוושט	WIDOWED			CARI		N
10 C	CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 		OTHER INSTITUTION	120. USUAL OCCUPAT		. KIND OF BUSINE DUSTRY	SS O
W	IES MINSIBY	WESTHING	TEN NI	125, 9 CONV	KTR. +	tousewin	le	
130.	STATE Md. 136 GOUNT	THER INSTITUTION, GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS			
7		Reist.				rden Roc	ad 21130	6
14. F	ATHER'S NAME	NOOLE CAST		15. MOTHER'S MAIDEN NAM			LAST	
1_	James	Melka		Mary	1±	hown Pa	ansky	
	WAS DECEASED EVER IN U.S. ARM [YES, NO OR UNKNOWN] [16 YES, GIVE	WAR OR DATES)		17. INFORMANT	ADDR	ESS		
	No	214-7	4-0674	Mrs. Dolon	res B. Ryc	in Rei	stersto	wn
	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b),	and (ci.)		11		APPROXIMATE INTER	DEATH
	PART I. DEATH WAS CAUSED		E COM	16 ESTIVE	HEART F	AILUME	15 H	11
	4292							
	Conditions, if any, which	DUE TO, OR AS A CONSEC	1105/1	ERTIC CAR	DIOVAY UL	AN TIS	3 VE	261
	gove rise to immediate	(b) 1.16-1.12	1000	-16-11-	1 1/12-17	11.2	2	/
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF					
	enderlying coose iosi.	((c)						
7	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART 10	W
CERTIFICATION								
3	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER	E FINDINGS USED)
E	Estate State State				YES NO	YES 🗀	NO [
1 %	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 O	R PART 2)	
¥	OR CONTRIBUTING CAUSE OF DEATH							
MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
ME	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFIC		STREET	CITY OR TO	OWN CO	DUNTY 5	TATE
	AT WORK - AT WORK		040	1000	Z W A	12/5 0	1	
	220.1 certify that (I) (this haspita		DI	1-64-19-6	, 10	19 2	that (l) (y	pe) lo
	sow the deceased alive an above, (I) (y e) (did) (did not)	view the body after death.	9.4. and	that in (my) (our) apinion (death accurred on the d	ate and hour and	from the couses sta	ited
	22b SIGNATURE	101 11	DI	EGREE		2	20 DAJE SIGNED	-
	WHITINY Y	MOUNTER	MI	ATTENDING PHYSICIAN	MEDICAL STA		7-6-	0
1	224 PHYSICIAN'S NAME (TYPE OR	PRINT)		220. ADDRESS 7 1 0	I I A C II IALE	7/12/1	1-16-11-	20
	TOPPINE! T	NELLINE	M.D	216	WH>HING	1010 11	E16#1	7
	MINIELL	TO LLIVEY.		WES	TWINST	Enn	11716VL	AL
	BURIAL, CREMATION, REMOVAL	,	3c. NAME OF CE	METERY OR CREMATORY	23d LOCATION	Enn	MAKEL	AI
	BURIAL, CREMATION, REMOVAL	23b. DATE 23 Mar. 9, 84	3c. NAME OF CE	METERY OR CREMATORY Redeemen	CITY OR TOWN	En M	Md . si	TATE
24. FI	Burial UNERAL DIRECTOR	Mar.9,84	3c. NAME OF CE	Redeemer	CITY OR TOWN	EN M timore, 1 250 REGISTRARS	Md.	TATE
24. FI	Burial	Mar.9,84	3c. NAME OF CE	Redeemer 250. DAT	Bal		Md. SI	TATE

Reisterstown, Md

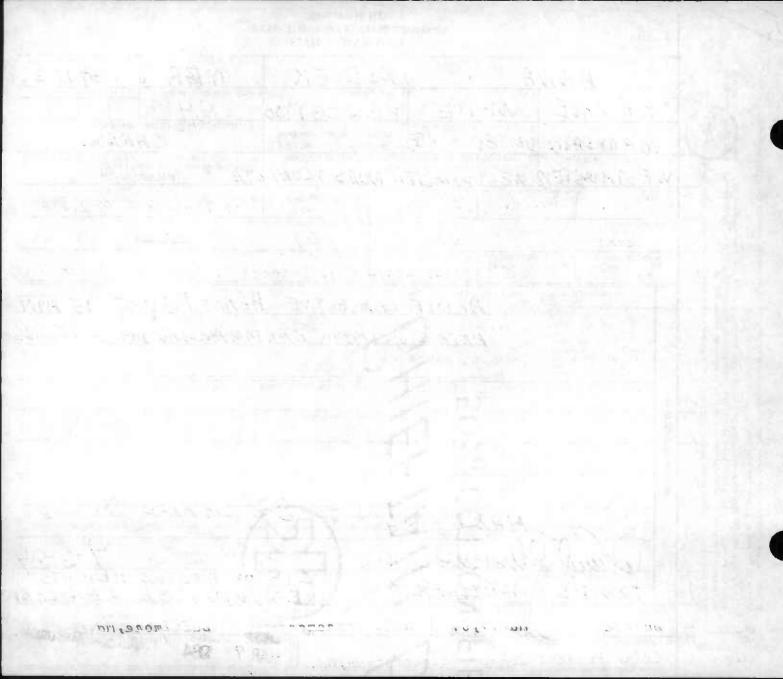
DHMH - 16 50M 4/82 (VRA 15, 4)

Eline Funeral Home

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remayer carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician



>	1	1	FOR STATE	DEF	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL H	YGIENE 7	, 5 3		
->		-	REGISTRAR TO		CERTIF	ICATE OF DEATH	REG.	NO		
1	10	DEC	EASED NAME FIRST	MIDDLE	0 1	AST	20. DATE OF DEATH		YEAR	2b. HOUR
BRE	(TYPE (Belle	8.	Park	er	3-14-	84		10 PM
1 84	3.	SEX	1	. RACE	5. DATE C		6. AGE (IN YEARS LAST		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
B 800	n	1	-emale	white	2	26 86	98	YRS.		HOOKS MIT
eath. Pe	7.		THPLACE (STATE OR FOREIGN •]7	CITIZEN OF WHAT COUNTY	MARRIEI WIDOWE	NEVER MARRIED [9 BALTIMORE CITY	ro LL	F DEATH) MD.
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		SI	PROSVILLE	1. NAME OF HOSPITAL, N UE NOT IN SUCH FACILITY, GIVE 5 4 K PS U L	STREET ADDRESS)	rother institution den-Care	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION TOF WORKING LIFE)	176, KIND OI INDUSTRY	F BUSINESS OR
4 hours	l L	SUA 3a. S	L RESIDENCE (IF NURSING HOME OR CATE 13b COUNT	THER INSTITUTION, GIVE RESIDENCE Y 13c. CITY OF	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?			07/	784
1 2 1	a (14	FA	HER'S NAME	rombyk	esville	YES NO X	OPTELIA NAME	nd Iu	3.	
p delta	U	7		R. Haigh	1	EIA	A MIDDLE	04	irs le	r
Poges	16	a. W	AS DECEASED EVER IN U.S. ARM s, no or unknown) (IF YES, GIVE V		32-3358	17. INFORMANT POSTAPPING	to Rn 3	Syken	rille	lon Rd
gricio apers vol.		٦	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for Jal,	b), and (t).1	P. D. W. I.		0	APPROXI/ BETWEEN C	MATE INTERVAL DISET AND DEATH
ertiky g ph remo	1		MAN S CAUSED		eme -	news of	as ence		one	many
endir e curt matic			7037	DUE TO, OR AS A CON	SEQUENCAOF	d aller	Lecher	1	20	nen
of the de sy the of se remoti- cremotic			Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON		2 00,000				9000
quires the signed the pleaton		N O	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN	I IN PART 1(o))
on. has been permit. and prior	7	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200. AUTOPSY?		VERE FINDIN	
N: Thysicio	7	SE SE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONT	H DAY VEAD	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN		1 OR PART 2)	- 0
YSICIAN: T ding physici is certificate buriol-tronsi Mentol Hyg		8	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTI	H DAY YEAR	-				
the the ond		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR	OWN	COUNTY	STATE
			22a.l certify that (1) (this haspite		fram 8	. 29 19/	3,10.3.	19, 19	84.	that (I) (we) lost
R ATTEN hospital RECTOR red for u pt. of He			saw the deceased alive on abave, (1) (we) (did) (did nat)	view the bady after death.		d that in (my) (our) apinio	an death occurred an the	date and hour o	nd from the o	couses stated
0 0 0 0 =	-		22h SIGNATURE / OK	whiman M	ND-	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []	3 . /	SIGNED 14-54
TO HOSPITAL (retained by the TO FUNERAL Is should be determined by with the Stote IMPORTANT: If			22d. PHYSICIAN'S NAME (TYPE OR	but mar	1,	739 0bi	recht Rd	, Sy be	wille	Ha
Open Draw M	2	30. B	JRIAL, CREMATION, REMOVAL	23h. DATE	23c. NAME OF C	EMETERY OR CREMATOR	23d. LOCATION	10 10	DUNTY	JW# 1
BP	2	1 El	NERAL DIRECTOR	3-17-84	old on	cland anti	PATE REC'D. BY REGISTR	AR 25b, REGISTRA	merce	pla.
DHMH - 16 50M 7/77 (VR A 15 (4))	,	7	MAME YW. Haister	Sul will	ess my	130.0	MAR 2 0 1084	Pilia Da	idson-A	andella
	=	- 1			1 100		The state of the s			

The basis of the second of the at the terminal was the first of the state o

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha

etoined by the hospital or attending physicion.

		FOR
1	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

5

REGISTRAR			C	ERTIFIC	CATE OF DEATH		REG. NO.		-	
DECEASED NAME	FIRST		MIDDLE	LAS	T.	20. DATE OF D		DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	ALBER	r	A. I	PETE	ERKA		3	20	84	3000 hy
SEX		RACE		DATE OF		6 AGE (IN YEAR	RS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
MALE		WHITE		MONTH	7_1906	77	ν.	RS.	S CAYS	HOURS MIN.
BIRTHPLACE (STATE OF	FOREIGN 7E	CITIZEN OF	WHAT COUNTRY? 8.		□ NEVER MARRIED □	9 BALTIMORE			DEATH	
MD -		U.S.		DOWED		CAF	RROLL	COUN	TY	MD
O. CITY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NURSING H	OME OR		120 USUAL OC		12		F BUSINESS OR
VESTMINSTE	R				NERAL HOSPI					MACY
JOUAL RESIDENCE (IF NUR 30, STATE	136 COUNT		GIVE RESIDENCE BEFORE ADM		3d. INSIDE CITY LIMITS?	13e. STREET AD	DRESS HA	MPST	EAD,	MD.
MD.	CARR		HAMPSTEA		YES NOX	1012 F	IIGHFI	ELD	RD.	21074
4. FATHER'S NAME	A)	DOLE	LAST	1	5 MOTHER'S MAIDEN NA		MIDDLE		LAC	
JAMES			PETERKA		MARIE			VE	LENC	VSKY
(YES NO OR UNKNOWN)		ED FORCES?	166 SOCIAL SECURITY	/ NO.	17 INFORMANT		ADDRESS			
NO	(11 763, 6176	AN ON DATES	220-07-15	62	JOSEPH PETE	ERKA (I	BROTHE	R) H		ON, TEX
18 CAUSE OF DEA	TH (Enter anly	one cause per	line for (o), (b), and (c)	.)					APPROXI BETWEEN	MATE INTERVAL
PART I. DEATH V	IMMEDIATE		(IRE	MIA				DK	411
7	OFFES	MEL	ONTRIBUTING TO DEAT		OT RELATED TO THE TERM PUEU MOWI WAS PERFORMED	T/ S 200 AUTOP	BETELIO.	SCLEPE FYES, WE	TC H	NGS USED OF DEATH?
210. ACCIDENT WAS UN		216. TIME O	FINJURY M. MONTH DAY	VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATU	RE OF INJURY IN ITE	M 18 PART 1 C	OR PART 2)	
OR CONTRIBUTING		P.		19						
(IF EITHER NOTIFY MEE 21d. INJURY OCCUP WHILE NOT WAT WORK AT WORK	HILE	21e. PLACE (AT HOME, STE	OF INJURY IEET, FACTORY, OFFICE, FARM,		211. LOCATION STREET	Mark.	CITY OR TOWN	C	OUNTY	STATE
saw the deceo	sed alive an		3/20 19 84	E, ond	that in (my) (aur) apinian o	death accurred	on the date one	, 19_ d haur ond		that (I) (we) lost causes stated
27h SIGNATURE	254	ma	eous S	200	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		3/20 DATE	SIGNED
#2d PHYSICIAN'S N 10. BURIAL, CREMATION (SPECIFY) BURIA	, REMOVAL	23b. DATE 3/24/		E OF CE	22. ADDRESS METERY OR CREMATORY NE MAUSOLEI	23d. LOCATI CITY OR		E	UNIY	MD.
FUNERAL DECHTI									S-SIGNAT	
3331	Brohm	TONER	AGORESS AGORESS	PM	21213	MAR 27	1984	na Dai	Meson	Marian
3331	Brehn	rs Lan	e, Balto.	. Md	. 21213	MAN & I	504			

DHMH - 16 50M 4/82

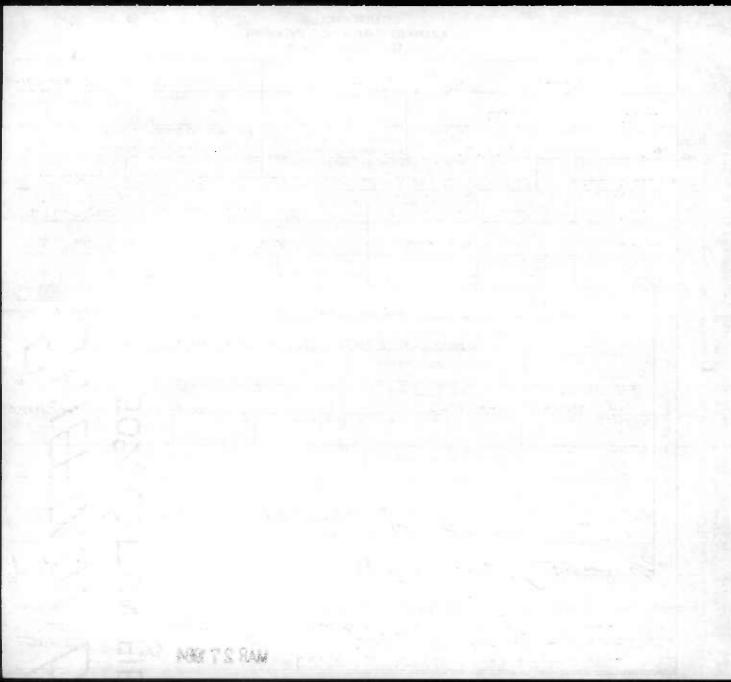
TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely fulled in by the funeral should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2, thould be find within 72 hauld the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked as them its shows any

(VRA 15, 4)

BP



	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF HEAD	F MARYLAND LTH AND MENTAL HY ATE OF DEATH		0 5	1	
o pp		CEASED NAME FIR	ward	(NMN)	Picke	ett	REG. N 2a. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR A
(3)	3. SE		4. RACE	nite	5. DATE OF B		6. AGE (IN YEARS LAST BI	MQN	INDER I YEAR IF	UNDER 24 HRS
26 24		IRTHPLACE (STATE OR FOREIG	N 76. CITIZEN	OF WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY S	R COUNTY OF	DEATH	
the free dwitting	10. C	Maryland ITY OR TOWN OF DEATH estminster	II. NAMI	S.A. E OF HOSPITAL, NURSIN IN SUCH FACILITY GIVE STREET OLL CO. GE	WIDOWED DING HOME OR C	THER INSTITUTION	Carroll 12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST of Farmer	ION	126. KIND OF B	MD. USINESS OR
24 havrs of filled in by the bound be followed by the bound be followed by the bound by the boun	USU 13a.	AL RESIDENCE (IF NURSING HO		UTION, GIVE RESIDENCE BEFORE	E ADMISSION)	I. INSIDE CITY LIMITS?	13e STREET ADDRESS			
E, MARYLAND: cuted within 24 h completely filled completely filled	_	ATHER'S NAME Thomas	WIDDLE	LAST		MOTHER'S MAIDEN NA	3700 Hoo		LAST	
e executed n and com Poges 1 a medical ex		WAS DECEASED EVER IN U.	S. ARMED FORCES, GIVE WAR OR DA			Mary INFORMANT	Pickett,	ESS	roning	2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or offending physician and completely filled in by os the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled in by as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled in by and Membal Bygiene prior to buriol, cremation, or removal.		Canditions, if any, whi gove rise to immedio	DUE T	o)		woen	Mal, July	odin		
TAL RECORDS, 2 The low requires ricion. The hos been signe as the property of giene prior to buy shows any injury, 1	CERTIFICATION	PART 2. OTHER SIGNIFIC.	wal	ONDITION FOR WHICH	us.		20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS	S USED DEATH?
DIVISION OF VITA DING PHYSICIAN: TI or otherding physicia After this certificate se os the buriol-transi oith and Mental Hygi marked or them-18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE NOT WHILE	OF DEATH HOU	ME OF INJURY R A.M. MONTH DA P.M. ACE OF INJURY ME, STREET, FACTORY, OFFICE, F	19	t. HOW INJURY OCCUR I. LOCATION STREET	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART		STATE
DIVI		220.1 certify that (1) (this saw the deceosed all obove, (1) (we) (did) (c	ve an 3-	-30 10	3-75 & 4, and th	not in (my) (our) opinio	death occurred an the d	19_ ate and hour on	- 1	t (h) (we) lost ses stoted
O HOSPITAL OR A retoined by the hor TO FUNERAL DIRE should be detoched with the Stote Dept Will the Hospital Direction of the Stote Dept with the Stote Dept Will the Stote Dept Will the Stote Dept Will the Stote Dept Will Stote Dept Willes Dept Will Stote Dept Will Stote Dept Will Stote Dept Will Stot		THE PHYSICIAN'S NAME	Well		, , ,	ATTENDING	MEDICAL STA	IAN []	MUE M	4
TO HOSE retoined TO FUN with the WPORTA	22- 0	ICHT RA	CHED	MARNE	NUL	114 =	1 2000 11	Madie	, , , , , , , , , , , , , , , , , , ,	JAN.

23c. NAME OF CEMETERY OR CREMATORY Taylorsville

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Charles W. Burrier, Jr., Sýkësville, Md.

236. DATE 4-3-1984

Taylorsville, Carroll, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE PR

National Party of the Suprem Let Distret entire ten A to so wire , resolved to all morning a fift ... If ... If

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Princelly Manager (

Charles of market from the selection of

Ó		FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	O / O		
moy be poge 3 er death	1. DE	CEASED NAME FI	MAHALA HALA	ANNA	2	OWAN	MARCH	24	1424 14 PM
4 of	3. SE	EMALE	4. RACE WHI	TE	5. DATE C	P BIRTH YEAR 19	6. AGE (IN YEARS LAST BIR	THDAY) IF L	UNDER I YEAR IF UNDER 24 HRS. OTHS DAYS HOURS MIN.
# 15 2 2 4		RTHPLACE (STATE OR FORE COUNTRY) MARYLAND	GN 76. CITIZEN OF	.A.	8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O	CA	PROLL MD.
offer of win		EST MINSTE	(IF NOT IN SU	HOSPITAL, NURSIN	ADDRESS)	N HOSP	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEW IF I	F WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
A hour led in ld be f	N	MARYLAND :	COUNTY BALT IMORE	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WOODLAN	N	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 2003 KENN		OAD, 21207
Cote be a few of the file of t	1	CARROLL	WIDDLE	BUTLER		15. MOTHER'S MAIDEN NA FIRST DORA	WIDDLE		KERR
Property of the second		VAS DECEASED EVER IN 1 YES, NO OR UNKNOWN] (11	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECU 212-01-6		JOHN ROWAN	ADDRE	SYKE	
es that the death certifined by the attending phose remove corbang virol, cremotion, or remove, or other troumotic even	NOI	PART I. DEATH WAS 3400 Conditions, if ony, wl gove rise to immed cause (0), stating underlying cause	DUE TO, Conich (b) DUE TO, Conich (b) DUE TO, Conich (c) DUE TO, Conic	DR AS A CONSEQUE	TE NCE OF	DESPIRA E SCLERO		LURE DITION GIVEN	APPROXIMATE INTERNAL BETWEEN ONSEL AND DEATH I O PAYS 15 YEARS IN PART 1(0)
NG PHYSICIAN: The law require attending physicion. Iffer this certificate has been sign os the burial-transit permit. Then the and Mental Hygiene prior to borked or Item 18 shows any injury orked or Item 18 shows any injury	AL CERTIFICATION	198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	ZID. TIME O	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	YES NO	IN CERTIFYIN	
OR ATTENDI Prospital or DIRECTOR: A ched for use Dept. of Heal	MEDICAL	22b. SIGNATURE	s haspital attended tive on the bad	P.M. OF INJURY REET, FACTORY, OFFICE, F. he deceased fram y after death,	6 PP1	d that in (my) (our) opinion	to PPP death occurred an the death occurred an EDICAL STATE DIRECTOR PHYSIC	24, 190 ote and hour or	COUNTY STATE That (I) (ve) last and from the couses stated
TO HOSPITAL (retained by the TO FUNERAL Dishould be deton with the State LIMPORTANT; if		22d. PHISTCIAN'S NAME PAULE L BURIAL, CREMATION, REA	I. WEL	LIVEN	M()	220. ADDRESS 2 8	STM (A)	TEL	HEIGHTS
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	BURIAL UNERAL DIRECTOR UNAME UNBARD FUNER	03-28 AL HOME, I	-84]	BALTIN 2:	ORE NATIONAL 1229 25a. DA	TE REC'D BY REGISTRAR	E CITY	MARYLAND R'S SIGNATURE

Add the work was district. THE RESERVE THE PROPERTY OF TH A THE PERSON NAMED AND ADDRESS OF THE PARTY.

5		FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	7 0	5 9	
9 P		1. DECEASED NAME (TYPE OR PRINT)	FIRST CLEN	ESTELLA	SE	LL.	March 30,	MONTH DAY YEAR	2b. HOUR
1 VI	1	3. SEX Female	4. RA	ce aucasian	S. DATE C		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER LYEAR MONTHS DAYS	
	435	7a. BIRTHPLACE (STATE OR F COUNTRY) Maryland		TIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		R COUNTY OF DEATH	MD.
ol s ofter d by the fil	10	Taneytown	(1)	NAME OF HOSPITAL, NURSII 1F NOT IN SUCH FACILITY, GIVE STREET 7 Middle Stre	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O Homemaker	ON 12b. KIND F WORKING LIFE) INDUSTRY	
AND 212	1		NG HOME OR OTHER 13b COUNTY Carro.	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 17 Middle	Street	1787
E, MARYL,	Communication of the second	14 FATHER'S NAME Charles	MIDDLE	. Ridinger		15. MOTHER'S MAIDEN NAME FIRST	WE	Cling	ast an
BALTIMORE,	medicol	160. WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED I (IF YES, GIVE WAR			17. INFORMANT Eugene Sell	3327°An Taneyto	gell Road wn, MD 217	87
201 W. PRESTON ST., BALL es that the death certificate is	urial, cremation, or removal.	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which lediote g the lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	ENCE OF	ALTEST Destense	DISEAS:	e y	NONSEI AND DEATH IN HIS LASS LASS
ON OF VITAL RECORDS, HYSECIAN The law requir uning physician.	ratene prior to b	190 DATE OF OPERAL	ION	196. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
ON OF VI	Mental H	OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.M. MONTH D P.M. 1e. PLACE OF INJURY	AY YEAR	211. LOCATION	CITY OR TO		STATE

ALMONES .

ANENDING PHYSICIAN

(our) opinion death occurred of the date and hour and from the couses stated

72k SIGNATING

234 BURIAL CREMATION, REMOVAL

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATESIGNED

Zivil certify that (I) (this hospital) offerded the deceased from

23b. DATE

231. NAME OF CEMETERY OF CREMATORY

one that in (my

22e ADDRESS

Trinity Lutheran Cem.

DEGREE

Taneytown, Carroll, Maryland

Burial 24 FUNERAL DIRECTOR

Apr. 2,1984 136 Exess Baltimore St. Taneytown, MD 2178 APR

REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

O FUNERAL DIRECTOR: After hould be detached for use as I with the State Dept. of Health o MPORTANT, If hem 21 is mark

O HOSPITAL OR ATTENDING

Skiles Funeral Home

A E UE Herm

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	1 -	REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.		
1		CEASED NAME FIRS	MIDDLE	ī	LAST	20. DATE OF DEATH MONT	H DAY YEAR	26 HOUR
- 1	(TYPE	Samu	IP S.		DELLA	Mar	ch 16,19	84 6P
- 1	3. SE		4. RACE	5. DATE C	DE RIPTH	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 H
- 91	J. J.	M	1.)	MONTH	H DAY YEAR		MONTHS DAYS	HOURS M
	-	/ /	W	Dec.	12,1907		YRS.	
276		RTHPLACE (STATE OR FOREIGN		UNTRY? 8	D NEVERMARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
20		Md.	USA	WIDOWE		Carro	110	
10	10. CI	estminster	11. NAME OF HOSPITAL	, NURSING HOME C		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Barber	12h KIND C	OF BUSINESS
371	USU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDE			La canada canada		
2	M	d.		ortown istersto	WIES NO	13e STREET ADDRESS 9 Austin R	oad 211	36
智力	JA. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	WE	LA!	T.
474		Rosario		Serio	Santinia		Ser	
9		VAS DECEASED EVER IN U.		IAL SECURITY NO.	17 INFORMANT	ADDRESS		
	(YES, NO OR UNKNOWN) (1F Y	ES, GIVE WAR OR DATES) 213	-34-6228	Sara Serio	Rei	sterstow	
÷.		18. CAUSE OF DEATH (En	ter only one cause per line for (o AUSED BY:	a), (b), and (c).)	CIA		BETWEEN	MATE INTERVAL
ve			EDIATE CAUSE (a)		CVA		1	hou
other troumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause loss	DUE TO, OR AS A CO					
jury, ar other troumotic e	NO	gove rise to immedio cause (a), stating the underlying cause los	DUE TO, OR AS A CO	DNSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1	0.
ly injury, ar other troumotice	VIION	gove rise to immedio cause (a), stating the underlying cause loss PART 2. OTHER SIGNIFICATION - MYPLE CONTRACTION - MYPLE CAUSE (A) TO STATE CAUS	DUE TO, OR AS A CO	ONSEQUENCE OF ANG TO DEATH BUT	distetti			
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r frem 18 shaws ony injury, or other troumotic e	-	gove rise to immedio cause (a), stating the underlying cause loss of the stating the underlying cause loss of the stating the underlying cause loss of the stating cause (if either, NOTHY MEDICAL EXAMPLE)	DUE TO, OR AS A CO	ONSEQUENCE OF ANG TO DEATH BUT COMMON STATE OF THE PROPERTY	M WAS PERFORMED 21c. HOW INJURY OCCURR	20g AUTOPSY? 20b.	IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
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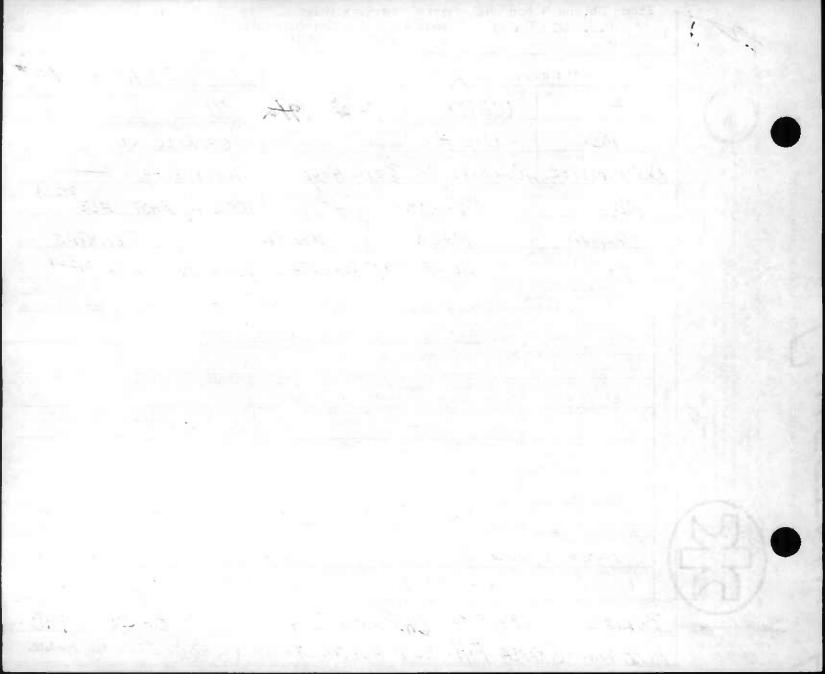
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_	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after #retained by the haspital an attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician
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of the contract of the contrac		CEASED NAME FIRST OR PRINT) CATHS	PINE L. SPE	NCE	REG. NO. 20. DATE OF DEATH MONTH 3	11-84 11:00
	3. SE	F	WHITE	OF BIRTH 6 19/3	6. AGE (IN YEARS LAST BIRTHDAY) YE	
30		RTHPLACE (STATE OR FOREIGN) COUNTRY) TY OR TOWN OF DEATH	U.S.H. WIDOV		9. BALTIMORE CITY <u>OR</u> COU	co.
filed will	M	ESTMINISTER	11. NAME OF HOSPITAL, NURSING HOME VINOT IN SUCH FACILITY, GIVE TREET ADDRESS) DTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	EN. HOSP.	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN	
should be	13a. S	MD. ISB COUN	TY 13 CITY OR TOWN	13d. INSIDE CATY LIMITS?	130 STREET ADDRESS	ST AUE.
Of and 5		HERMAN	MACK MACK	15. MOTHER'S MAIDEN NAM	WIDDLE	JENKINS
s. Pages		/AS DECEASED EVER IN U.S. ARA ES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECURITY NO. 216-18-7999	KENNETH L-	SPENCE JR.	SAME 2/224 APPROXIMATE INTERVA
igned by the attencen please remove car burial, cremation, ury, or other trauma	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) DONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI		GIVEN IN PART 1(a
	5	190 DATE OF OPERATION	ASTRO INTESTINA		20a AUTOPSY2 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
it permit. The jiene prior ta injuries prior ta injuries julia.	RTIFICA					
cate has been ansit permit. T Hygiene priar IB Lans any it	ICAL CERTIFICATION	2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	P.M. 19	R	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
has been permit. I ane prior	MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEAR	R		
TOR: After this certificate has been or use as the burial-transit permit. If Health and Mental Hygiene prior is marked or them 18. Tors any it.		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospitus with deceased alive on obove, (I) (we) (did) (did no obove, (I)) (we) (did) (did no obove, (I)) (we) (did) (did no obove, (I)) (we)	H HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET 19 27 and that in (my) (are) apinion d	ED (ENTER NATURE OF INJURY IN JIEM CITY OR TOWN	COUNTY STAT
DIRECTOR: After this certificate has been ched far use as the burial-transit permit. I opt. of Health and Mental Hygiene prior them 21 is marked or them 18 stars carry in		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 27a.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not 27b. SIGNATURE	H HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) all ottended the deceased from 19 view the bady after death.	21f. LOCATION STREET 21f. LOCATION STREET 19 Degree Attending Physician	ED (ENTER NATURE OF INJURY IN JIEM CITY OR TOWN	COUNTY STAT
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.		

6

	REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST		MIDDLE	t	AST	2a. DATE OF DEATH		DAY YEAR	2b. HOUR
Tites	Freda	Ele	eanor	S	pencer		3-1	3-84	0709 M
3. SE	X	4 RACE		5. DATE C		6. AGE IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
J.	Male	White		12-	13- 1892	91	YRS.	IONIHS DATS	HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	altimore	U.S.A	1	WIDOWE		Carroll			MD.
	estminster	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]	R OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE	12b. KIND C INDUSTRY	OF BUSINESS OR
150	AL RESIDENCE (IF NURSING HOME O	Carrol			neral Hosp	Housewif	e	77.7	-
130. S Ms	aryland Cari	NTY	Westmin	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 38 West	Georg	e St.	7/
	THER'S NAME FIRST	WIDDLE	Zieme	r	15. MOTHER'S MAIDEN NAME Augusta	WE		LAS	ST
	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU		17. INFORMANT	ADDR			
No	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	220-01-	4407	Eleanor Wi	nesett ^{sa}	ime as	#13	
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, O		NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON 200. AUTOPSY? YES NO	20b. IF YES, IN CERTIFY	WERE FINDII	NGS USED
AL CES	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	AIR .		Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT I OR PART 2)	
S.	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P. PLACE	M.	19	21f. LOCATION				
ME	WHILE NOT WHILE AT WORK	AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM, ETC J	STREET	CITY OR TO)WN	COUNTY	STATE
N.	22a.1 certify that (I) (this hasp saw the deceased alive ar above, (I) (wa) (did) (did in	3-	17 - 19 5	3-	d that in (my) (aur) opinion	deoth occurred on the d	late and hour		that (I) (we) last
	226. SIGNATURE			(DEGREE	UEDICA. STA		22c. DATE	SIGNED
1.7	941110000	Mva	farma		PHYSICIAN [MEDICAL STA	CIAN	3	13/84
1	PHOTRACHE		MAHNA	J.A	1226 ADDRESS	ari ST a	evimi	ment	1021157
23a B	JURIAL, CREMATION, REMOVAL	23b. DATE	[23r N	AME OF CI	EMETERY OR CREMATORY	23d. LOCATION			
- 1	Burial		4			CITY OR TOWN		COUNTY	STATE
24. FL	INERAL DIRECTOR			vergr	25g. DAT	Finksh E REC'D. BY REGISTRAN	1255 REGISTR	arrol RAR'S SIGNAT	
Th	omas D. Flet	cher \$	Somowes	stmir	ster MdMAR	1 6 1984 4	lia David	lon Bon	delle :
							14		

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNCEAL DRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the businestransit permit. Then please remove contampaters, Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

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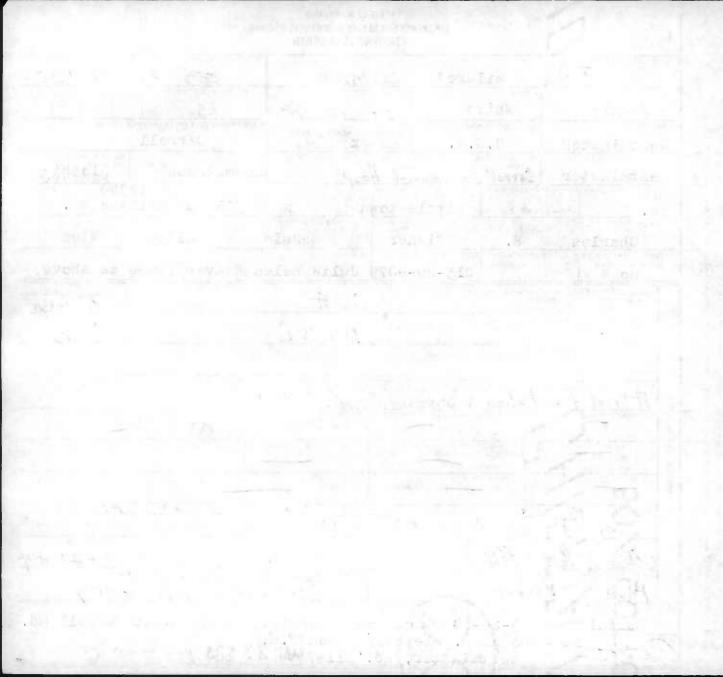
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injury, or other traumotic event.

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	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 0 /	0 6	3	
		CEASED NAME FIRST		ldred	Sp	en cev	2a. DATE OF DEATH	MONTH DAY	YEAR 84	26. HOUR 1/30 M
	3. SE)	Female	4. RACE Whi		5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS
5	W	RTHPLACE (STATE OR FOREIGN COUNTRY) estminster	U.:	WHAT COUNTRY?	WIDOWE			roll	DEATH	MD.
Ó	1	estminster		HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	Seams tres	SS LIFE)	INDUSTRY	F BUSINESS OR
5	13a. S		OTHER INSTITUTION	13c. CITY OR TOWN Little	V		13. STREET ADDRESS 521 Max	, ,	340 G ege /	19999 Ra. 1999
1	14. FA	THER'S NAME Charles	MIDDLE H.	Fish	ner	15. MOTHER'S MAIDEN NAME BESSIE	e A	Lice	Ŕ	Lce
3		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) IF YES, GIV	MED FORCES? E WAR OR DATES)	215-26-	-9079	Julia Hele	ADDRI	ESS	as a	bove)
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE HODE) Conditions, if ony, which gove rise to immediate cause lol, stating the underlying cause lost	Ď BY: TE CAUSE (o) DUE TO, O	line for (o), (b), ond R AS A CONSEQUE	NCE OF	CVA ASCVD			BETWEEN C	MATE INTERVAL DISSET AND DEATH DAY
2	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE PART OF OPERATION	lation	; sule	ndoc	NOT RELATED TO THE TERM A WAS PERFORMED	INAL DISEASE OR CON (20a AUTOPSY? YES	20b. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	NGS USED
1	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspe	(AT HOME, ST	REFT FACTORY, OFFICE, FA	ARM, ETC)	STREET 19 84	to 3 -)WN	COUNTY	thoy (to(we) lost
1		sow the deceased plive an obove (II) we) did (did no 22b SIGNATURE 22d. PHYSICIAN'S NAME (II)	oelly			22. ADDRESS 218 W	MEDICAL STA DIRECTOR PHYSIC USA 17975 M	FF		couses stated
	23a. B	SPECIAL CREMATION, REMOVAL	23b. DATE 3-24		ame of c	emetery or Crematory ount Cemete				oll "Md.
	6	CHECTOR .	Thomas West		tchein Md	t & Son A.P.M. 21157 MAR	2 3 1984 Ju	Ub. REGISTRAF	S SIGNAT	less.



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TO HOSPITAL OR ATTENDING PHYSICIAN. The In etoined by the hospital or offending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the otheroding physician and completely filled in by the full blood be detached for use as the businfunding permit. Then please remove corbon papers. Pages 1 and 2 should be filled with with the shore Dept. of Health and Mental Hygiene prior to businfunding commons.

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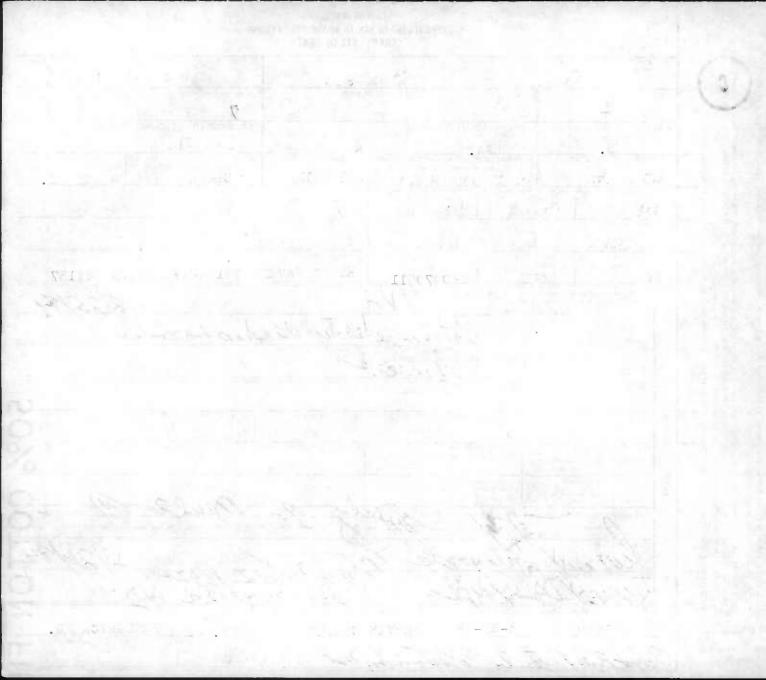
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO.		
	CEASED NAME	P#11		WEDI		LAST	2s. DATE OF	250	- · Cut	25 HOUR 10 35
1072		gumil	D		starte	Inouse		3	39 84	10 p M
3, SE	* ¥		RACE		5. DATE (DF BIRTH	84	ARS CAST BIRTHDAY!	IF UNDER 1 VEX MONTHS DAY	
7s. B	RTHPLACE (SNATE OR) COUNTRY) MTS	OREION 7	CITIZEN OF	WHAT COUNTRY	7 II. MARRIE WIDOW	D NEVER MARRIED	- 60	E CITY OR COL	INTY OF DEATH	MD
10.0	TY OR TOWN OF DEA	ATH I		HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	13th USUAL C	CCUPATION FOE MOST OF WORK	IN KIND INDUSTR	OF BUSINESS OR
USU Dr.	AL RESIDENCE IF MURE	HOHOHOH ORO	Y 11	HANTENNO	NA.	THE INSIDE CITY LIMITS? YES NO [IJA STREET A		21	157
94.57	ATHERS NAME	î	ens J	Wikon		IS MOTHER'S MAIDEN N		within	2	LAST
1	WAS DECEASED EVER YEL NO OR UNKNOWN!	IN U.S. ARM	WAR OR DATEST	220070		ETHEL RAVI	IR 301	ANITA	DRIVE 2	21157
CERTIFICATION	PART OTHER SIGN	which mediate rig. the last.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O	RAS A COSEO	UÉNCE OF UENCE OF UENCE OF DEATH BUT	I NOT RELATED TO THE TER		OR CONDITION		DINGS USED
MEDICAL CE	The ACCREMIT WAS UNCOCCOUNTED. OR ETHER HOLEN WED TO ALL INJURY OCCUR AT WORK AND MALE OF WAS ALL INC. 122.1 certify that (II was) (1) two) (1)	CAUSE OF DEAT CAL EXAMINER RED Thosam ed alive on did I idid nee	21s. PLACE (AT HOME ST	M. MONTH I M. OF INJURY MEET, FACTORY, OFFICE TO BECOGNED FROM	FAMA ETC.	THE HOW INJURY OCCU	n death occurre	CITY ON TOWN	to Dunits 19 d hour and trans 1 22c; D)	state that (I) (Me) last
	BURIAL CREMATION, 1500CP BURIAL UNERAL DIRECTOR	Contract Con	3-29	01.	NAME OF	CHAPET.	Mah	ATDV F	REDERIC	K MD.

DHMH - 16 50M 4/82 (VRA 15, 4)

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5		1 - FOR STATE REGISTRAR
2 2	\	1. DECEASED NAME (TYPE OR PRINT)
24 hours ofter death. Page 4 may be led in by the functal disconnected and be filed within 72 harm attendent)	3. SEX Female
leath. Po	35	70. BIRTHPLACE (ST
24 hours ofter d	-	10. CITY OR TOWN O
24 havi	\$	USUAL RESIDENCE 130. STATE Md

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 20. DATE OF DEATH MONTH YEAR 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Carroll 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home 13e. STREET ADDRESS

4. RACE 5. DATE OF BIRTH HTMOM 1896 le white 7b. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED Md USA WIDOWED DIVORCED R TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OIVE STREET ADDRESS) inster Carroll Co. Gen. Hosp SIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Westminster Carrol YES X NO [Ward 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Amelia Horatio Feeser Bish 60, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 213-18-845 Ralph Stephan Stoner Ave. m a APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause pegline for PART I. DEATH WAS CAUSED BY: / MMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION AND IN PART CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. If YE WERE FINDINGS USED 190. DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY - ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that W (this hospital) attended the deceased from sow the degrand flive on. r) opinion death accurred on the date and hour and from the causes stated

TENDING MEDICAL DIRECTOR PHYSICIAN YSICIAN 22d. PHYSICIAN'S NAME ITSECO POINT 22 ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN COUNTY

DEGREE

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

(VRA 15, 4) PRITTS FUNERAL HOME

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22b. SIGNATO

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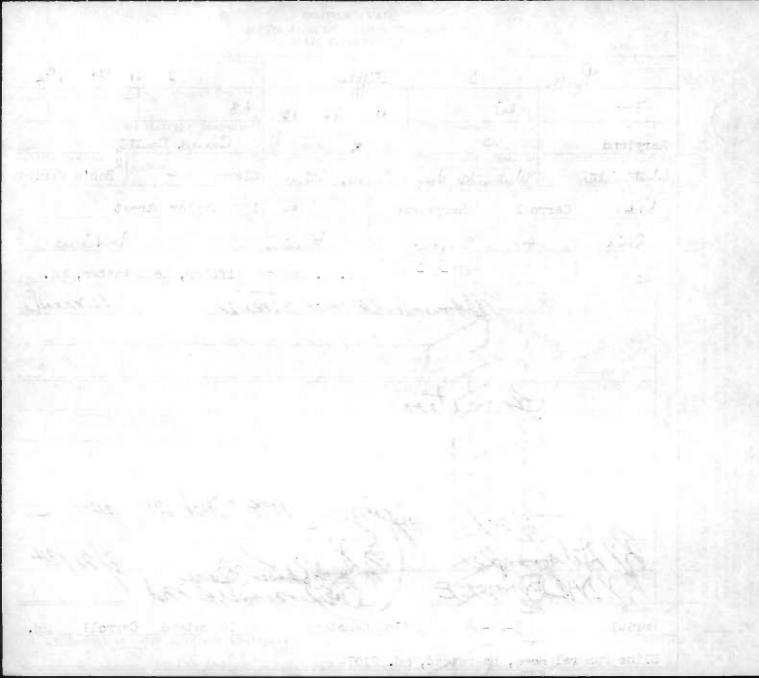
STATE OF MARYLAND
DEPARTMENT OF HEALTH-AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 - 51, RE				DEP	ARTMENT OF H	EALTH AND M			EG. NO.		
STYPE OR H	ED NAME	who	4. RACE	5.	Sti	Hlw		Se. DATE OF DEA	3	21 '84 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 A M
1. SEX	-		W		3. DATE C	23	15	68	YRS	MONTHS CATS	
COUN	land	FOREIGN	75. CITIZEN OF		MARRIE WIDOWE	D NEVER M	ARRIED O	* BALTIMORE C	TTY OR COUN	utie	MD
اللات	M TOWN OF DE		when	CHEACHTY ON	way of Con	OR OTHER INSTI	tee t	USUAL OCC UNITED WORK FOR CLETK		Bob	of Business on s Variet
Da. STAT	L.	138 COUP			stead	The state of the s	Total .		ylor St	reet 2	074
I FATHE	R'S NAME		A"	Snud		15 MOTHER'S	MAIDEN NAI	MO	pois	Mi	ساف
	DECEASED EVE O-DR UNKNOWNI		MED FORCES? E WAR OR DATES		3-9792	Mr. E.		e Stiffl	er, Wes	tminster	r, Md.
Ce ge	PART L DEATH V	WAS CAUSE IMMEDIA y, which immediate ing the	D BY: TE CAUSE (0)	Underson STATE ON STATE OF AS A CONS	SEQUENCE OF	arema	nali	es/		The same of the sa	Many S
Charles III CAN THE	RT 2. OTHER SIC	INIFICANT (Company of the last of the las	ONTRIBUTION	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDITION	SIVEN IN PART	l to
CERTIFICATION	DATE OF OPERA	ATION (16 c6N	OITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	78s AUTOPSY	IN-CER	YES, WERE FIND IT IFYING CAUSE YES []	INGS USED IS OF DEATH? NO
	ACCIDENT WAS UP CONTRIBUTING.	CAUSE OF DE	HOUR A	OF INJURY	DAY YEAR	Zir HOW IN	URY OCCUR	RED (ENTERNATURE	OF PARTIES THE ORIGINAL	S PART I DE PART 2)	
w I	NJURY OCCU	was [7]		OF INJURY	BINCE PARM, ETC.)	211 LOCATIO	N LT.	1 900	7	COUNTY	STATE
	I certify that (saw the decay above (h (we)					of that in (my)+	19 pinion	death occurred or	the date and	our and from the	, that (1) (ma) last te couver stated
	372	ilae	me	e	17	DEGREE A	TENDING HYSICAN 2	DIRECTOR	STAFF PHYSICIAN [3/2	SI HOH
774	372	ALL	ZIZI	ZE		11 100	In	nelle	End	1	
(3990)	al exemation	E REMOVAE	3-24-	-84	Shiloh	Cemeter Cemeter	v	Hamp	stead	Carrol	l Md.
Distriction	RALDIRECTOR HAME ine Fund	eral H	lome, Ha		d. Md. 2		25 MA	RE23198	SARAR ZSW REG	ASTRAR'S SIGNA	ATHEROES.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician should be detached for use as the busish-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hyglene prior to buriol, cremotion, or removal.

TO MOSPITAL OR ATTENDING PHYSICIAN, The law etained by the haspital or attending physician IMPORTANT: If them 21 is marked or them 18 shows only



1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 0 7 0 6 8	
	CEASED NAME FIRST	WIOOFE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
	FLOYD	RAYMOND	STRICKHOUSER	MARCH I	84 130
3. SE	MALE	4. RACE CAUCASIAN	5. DATE OF BIRTH MONTH OAY YEAR 8 30 03	6. AGE (IN YEARS LAST BIRTHOAY) IF U	NDER 1 YEAR IF UNDER 24 HI
1/4 -	IRTHPLACE (STATE OR FOREIGN COUNTRY) ENNSY LVANIA	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF	DEATH
	TANEY TOWN	11. NAME OF HOSPITAL, NURSING (IF NOT INSUCH FACILITY, GIVE STREET AI 4835 HARNEY	OHOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	2b. KIND OF BUSINESS (NDUSTRY
13a.	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	NOMISSION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4835 HARNEY	2178
1000	HARLES WAS	MINGTON STRICKH		CATHERINE	SHULTZ
	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 16b. SOCIAL SECUR E WAR OR OATES) 217-36-3	RALAH STRIC	KHOOSER SAME	5
*sany injury, or other traumotic	Conditions, if any, which gove rise to immediate cause (a), stoling the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI	NCE OF	NNAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED		ERE FINDINGS USED G CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART I	OR PART 2)
MEDICAL	21d. INJURY OCCURRED WMILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	211 LOCATION RM. ETC) STREET	CITY OR TOWN	COUNTY STATE
a 21 is mo	saw the deceased alive an above, (1) (we) (did) (did no	tal) attended the deceased from 1/3// 1) view the body after death.	4 and that in (our) opinion	to 3// 19_ death accurred on the date and haur an	d from the causes stated
# Re	22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/1/84
MPORTANT:	Wm. R. LIN	THICOM, M.D.	TANEY		787
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		AME OF CEMETERY OR CREMATORY ney Creek Pres.Cem	1. Taneytown, Car	roll, Mary
80	uneral director Skiles Funeral	Home Taneytown	altimore St. 250 DAT	E REC'D. BY REGISTRAR 25b. REGISTRAR	

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FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND 0

1.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	CEASED NAME E OR PRINT)	iles		in	T	RIMPEY	2a. DATE OF	3- 25	DAY YEAR 5-84	26. HOUR 2155 M
Male White					5. DATE C	11 DAY 19053	6. AGE (INY	EARS LAST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Hopwood, Pa. U.S.A. 10. CITY OR TOWN OF DEATH Westminster The CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING Carroll Country Carroll Country				WIDOWE G HOME C	R OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY OF DEATH Carroll 126. USUAL OCCUPATION 126. KIND OF BUSINE			MD DF BUSINESS OR	
130. Ma	aryland	13b_COU	OTHER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMITS?		ADDRESS V. Main	11 011	C
	John WAS DECEASED EVER	IN II S AS	Wesley	Trim		Bertha		Perthina	Rho	ads
	NO OR UNKNOWN)		E WAR OR DATES)	185-14-	56/3	Betty Trim	pey (same as	above)	
NO	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF	CARCINOMA NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE TERM		E OR CONDITION G		UMATE MITERYAL ONSET AND DEATH
CERTIFICATION	19e DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	PSY? 20b. IF YE IN CERT	ES, WERE FINDI IFYING CAUSES 'ES []	NGS USED S OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	AUSE OF DE	P./	M. MONTH DA M.	19 ARM, ETC)	21t. HOW INJURY OCCUR 21f. LOCATION STREET	RED (ENTER NA	TURE OF INJURY IN ITEM 18	PART I OR PART 2)	STATE
	270. I certify that (I) sow the decease above, (I) () (d 276. SIGNATURE T72d. PHYSICIAN'S NA ARTHUR	ed olive on lid) (did	Rud	H 2.5 19 5		Tee ADDDESS	MEDICAL DIRECTOR	STAFF PHYSICIAN [22c. DATE	SIGNED S/84
23a	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	3-27-			emetery or crematory en Mem. Ga	rdens	Finksbu	rg Car	roll Mo

135. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR! 28 1984 Julia Davidson-Rungar

DHMH - 16 50M 4/82 (VRA 15, 4)

etained by the hospital or ottending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, ar other troumatic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNDRAL DIRECTOR

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Landow, 13. L. J. . V. . L. L. Committee the light of angula trained for the other training and the state of th product the distance of the production of the pr residentalization in agrant, and province in the CS-f 6 4.6 3.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 shauld be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.			
1. DEC	CEASED NAME FIRST	MIDDLI	•	· ·	AST	2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU
ITTE	CHARLES	ED	WARD		UTZ		.3	18 8	04	7
3. SEX		I. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER	_	IF UNDER
m	MLE	CAUCASI	IAN	MONTH /2	31 08	1	6 YRS	MONTHS	DAYS	HOURS
7a. BII	IRTHPLACE (STATE OF FOREIGN 7	b. CITIZEN OF WHA		8.	D NEVER MARRIED	9. BALTIMORE CITY		Y OF DE	ATH	
	MARYLAND	U.S. A.		WIDOWE		CARROL	4 00	UNT	y	
10. CT	ITY OR JOWN OF DEATH	1. NAME OF HOSE			OR OTHER INSTITUTION	120. USUAL OCCUPA			KIND OF	BUSINE
w	ESTMINSTER	WESTMINST			CENTER	ELECTRICA			SME	UT
13a S	AL RESIDENCE (IF NURSING HOME OR C		RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		0/	17	41
m	MARYLAND CAR		NION BRI	1 .	YES NO	220 BU		J OHI	NR	1
14. FA	ATHER'S NAME	IDDLE	LAST		IS. MOTHER'S MAIDEN NA	ME MIDDIE			LAST	
7	TONAS EJU).	UTZ		LILLIE	B		WET		1
	VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166	SOCIAL SECU	RITY NO.	" CHEBRASTLU	TZ, UN1899		DGE	, 17	0
	YES WWI	-	12.03-7	1796	WIRSING CEN	FER CHART			2	1791
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line	for (o), (b), and	d (c l				BE	APPROXIM	
		CAUSE (a)	RENAL	FA	ILURE				24	us_
	4039	DUE TO, OR AS	A CONSEQUE	NCE OF					/	
	Conditions, if ony, which	((b) A	RTERIC	OLAR	NEPHROSCL	EROSIS			YEARS	
	gove rise to immediate									
	cause (a), stoting the	DUE TO, OR AS	A CONSEQUE	NCE OF						
	cause (a), stoting the underlying couse last.	DUE TO, OR AS	a conseque	NCE OF						
z		(c)			NOT RELATED TO THE TERM	IINAL DISEASE OR CO	NDITION GI	IVEN IN P.	ART 1(o	
NTION	underlying couse last. PART 2. OTHER SIGNIFICANT CO	(c) ONDITIONS <u>CONTR</u>	RIBUTING TO D	DE ATH BUT						
FICATION	underlying couse last.	(c) ONDITIONS <u>CONTR</u>	RIBUTING TO D	DE ATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YE	ES, WERE	FINDING	OF DEAT
ERTIFICATION	underlying couse lost. PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTR	RIBUTING TO D	DE ATH BUT	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YE	ES, WERE IFYING C.	FINDING AUSES C	GS USEC OF DEAT NO
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CAL	UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	196 CONDITION 216 TIME OF IN-	FOR WHICH	OPERATION Y YEAR 19	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YE IN CERT Y JURY IN ITEM 18	ES, WERE IFYING C.	FINDING AUSES C	OF DEAT
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	UNDERLYING COUSE TOST. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that the this hospite sow the decrosed drive on obove, (1) well (a) (did not)	19b CONDITIONS 19b CONDITION 21b TIME OF INI HOUR A.M. P.M. 21e PLACE OF INI (AT HOME, STREET, F.) ottended the dec	N FOR WHICH IN TO DAY MONTH DAY ACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	211. LOCATION STREET 214 that in (my) (au) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF YE IN CERT Y	ES, WERE IFYING C. 'ES PART I OR P COU	FINDING AUSES C	S anat (I) (
	Underlying couse last. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER). 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMINER. 22a.1 certify that this hospite sow the deceased olive an obove, (I) (we) (did) (did not). 22b. SIGNATURE	19b CONDITIONS 19b CONDITION 21b TIME OF INI HOUR A.M. P.M. 21e PLACE OF INI (AT HOME, STREET, F.) ottended the dec	N FOR WHICH IN TO DAY MONTH DAY ACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	211. HOW INJURY OCCURI 211. LOCATION STREET 19. 6.3 ad that in (my) (our) opinion DEGREE	YES NO CITY OR I	20b. IF YE IN CERT Y JURY IN ITEM 18	ES, WERE IFYING C. 'ES PART I OR P COU	FINDING AUSES C	S anat (I) (
MEDICAL	Underlying couse lost. PART 2. OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270.1 certify that this hospite sow the descend alive on obove, (I) (we) (did) (did not) 27b. SIGNATURE	21b. TIME OF IN HOUR A.M. 21e. PLACE OF IN (AT HOME, STREET, F.) view the body ofter	N FOR WHICH IN TO DAY MONTH DAY ACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	211. LOCATION STREET 214 that in (my) (w) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF YE IN CERT Y JURY IN ITEM 18	ES, WERE IFYING C. 'ES PART I OR P COU	FINDING AUSES C	S anat (I) (
MEDICAL	Underlying couse lost. PART 2. OTHER SIGNIFICANT CO 19d. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. 1 certify that work sow the deceased alive on obove, (1) (we) (did) (did not) 27b. SIGNATURE	196 CONDITIONS 216 TIME OF INJ HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREET, F.) ottended the dec	N FOR WHICH IN TO DAY MONTH DAY ACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS	200 AUTOPSY? YES NO CITY OF IN CITY OF IT death occurred on the	20b. IF YE IN CERT Y JURY IN ITEM 18 TOWN AFF	ES, WERE IFY ING C. TES PART I ORP COU DATE ON THE COUNTY OF THE COUNTY ON THE COUNT	FINDING AUSES C	S anat (I) (
MEDICAL	UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER. NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that Medical examiners of the control o	21b. TIME OF INJ. HOUR A.M. 21b. PLACE OF ING. (AT HOME, STREET, F.) view the body ofter	N FOR WHICH IN FOR WHICH IN FOR WHICH IN MONTH DA	OPERATION Y YEAR 19 ARM, ETC.)	211. LOCATION STREET 211 LOCATION STREET 212 ADDRESS 7 A NEYTO	200 AUTOPSY? YES NO CITY OR TO 3/1 death occurred on the MEDICAL ST DIRECTOR PHYS	20b. IF YE IN CERT Y JURY IN ITEM 18 TOWN AFF	ES, WERE IFY ING C. TES PART I ORP COU DATE ON THE COUNTY OF THE COUNTY ON THE COUNT	FINDING AUSES C	S anat (I) (
MEDICAL	UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that Medical examiners of the control o	196 CONDITIONS 216 TIME OF INJ HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREET, F.) ottended the dec	N FOR WHICH IN FOR WHICH IN FOR WHICH IN MONTH DA	OPERATION Y YEAR 19 ARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS	200 AUTOPSY? YES NO CITY OF IN CITY OF IT death occurred on the	20b. IF YE IN CERT Y JURY IN ITEM 18 TOWN P date and ho AFF ICIAN	COUNTY	FINDING AUSES C	S anat (I) (

DHMH - 16 50M 4/82 (VRA 15, 4)

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	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 7 6 7 1
		CEASED NAME FIRST OR PRINT) John	n (NMN)	Walz, Sr.	20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 3 - 8-84 230
	3. SE	Male	4. RACE White	5. DATE OF BIRTH Jan. 18, 1908	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2.
21		RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEATH Carroll Co.,
1	1	ry or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ng home or other institution radoress) eneral Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerk 120. KIND OF BUSINES INDUSTRY
sq.sam.	130. S M:	aryland Car	or other institution give residence before DUNTY 136. CITY OR TOY Mt. A	YN 134. INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS 5304 Ridge Rd. (21771)
Mark of the second	14. FA	John	Malz LAST	15. MOTHER'S MAIDEN NO.	Christine Hugel
e medicol		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES) 218-18-		ADDRESS Z, Same As #13 APPROXIMATE INTER BETWEEN ONSET AND C
ry, or other troumotic event, t		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	JENCE OF	al Infaction anello
nin kura min	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	1 OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO NO
Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
rked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY ST
f: If Hem 21 is mo		sow the deceased alive	not) view the body ofter death.	DEGREE ATTENDING	AEDICAL STAFF DIRECTOR PHYSICIAN
MPORTAN TAN	73n. F	22d PHYSICIAN'S NAME (TY CHITRACHE JURIAL, CREMATION, REMOV	DU NAGAN	22e. ADDRESS	an ST- WESTHINSTER HD
		Burial JNERAL DIRECTOR		ake View Memoria	CITY OR TOWN
4/82			rier, Jr., Sykes		1 3 1984 Julia Davidson-Randalle

CAST TELL TO THE FARE TO SEE THE SECOND STREET SECOND STREET . Indromn continual languages result in District will also a state of the state

1630 Edmondson Avenue, Catonsville, Md. 21228

(VRA 15, 4)

STATE OF MARYLAND

Pacyling derectly bysec tile MENTEL MENTEL CONTRACTOR continue of the continue of th

Curila 193/04 Leucon Seis Teach et Dilleri

1030 (dependent lucerus, Seconsville, ed. 21221 448) 1 184 g

Large H. E depotall . Italia Paparel Hames . .

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked or them 18 shows ony injury, or other troumotic event, the medico

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCERIC

1.	STATE REGISTRAR			ICATE OF DEATH	REG. NO.	
	CEASED NAME CORPRINT)	JA M	1. 4	HOLK (YREGER)	20. DATE OF DEATH MO	284 DVM
3. SE	Female	White	5. DATE C	OF BIRFHY 1897	6 AGE (IN YEARS LAST BIRTHD)	FUNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	DU.5.1	4 - WIDOWE		P BALTIMORE CITY OR C	OUNTY OF DEATH MD.
n	H. Airy	TEAS ANT	ITY SIVE STREET ADDRESS	SY Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	DRKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
130. 5	AL RESIDENCE (IF NURSING MOME OF STATE M. 136 COU	ROTHER INSTITUTION, GIVE RINTY RROLL F	SIDENCE BEFORE ADMISSION) UTY OR TOWN	138. INSIDE CITY LIMITS?	13e STREET ADDRESS	Sykestille Rd
	Edward	MIDDLE HOU	LAST D	15. MOTHER'S MAIDEN NA	Eq. MIDDLE	Unk
	MAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 S	2034464	MARIE His	ADDRESS Syke	sville, Md.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)		espirat	ory Arres	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Securition
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS	CONSEQUENCE OF	sizoram		days
	couse (a), stating the underlying couse lost.	(c)	CONSEQUENCE OF	partices	w colon	nonths
NO	PART 2. OTHER SIGNIFICANT	D CONTRI	PD BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ON GIVEN IN PART 110"
CERTIFICATION	190. DATE OF OPERATION		FOR WHICH OPERATIO		YES NO	DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
	216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	Ain	JRY MONTH DAY YEAR 19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	citi da towa	COUNTY STATE
	220.1 certify that (1) this hasp saw the deceased alive or above. (1) (we) (did) (did no			nd that i (my) (our) opinion	, todeoth occurred on the dote	ond hour and from the causes stated
	226. SIGNATURE	Dan	Du n		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 3/2/81/
	WEWIN	JEOR	DON W	2000 Ce	utury Pla	HED COLLIN PIEM
	BURIAL, CREMATION, REMOVAL	3-6-8	4 Marilan	Mem. Cenit	23d LOCATION CITY TOWN	COUNTY Marie
24 5	Hary W. Hay	& Lykin	LIDDRESS Md	250. DAT	AR 5 1884 A	registrar's signature

DHMH - 16 50M 4/82 (VRA 15, 4)

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retained by the haspital or attending physician.

Female Unide New 9 1898 SE Marie dia U.S.A. Leave and Carbier I. MA AMA, ILANGER OF THE SECOND SEASON OF PARK Med Barrell Enterties as Asso Spreadle Let Edward Alorson alley Vole NO I SECTIFIED THE PRINT SUBSCIEDE BY Edward 3 ch - St Barch Mr. and The

tar, page 3 after death

1 - FOR STATE REGISTRAR	
. DECEASED NAME FI	RSI
Haver	1
3. SEX	11.
Male	
To. BIRTHPLACE (STATE OR FOREIG	N
Md.	
O CITY OR TOWN ST DEATH	
Westminster	•
USUAL RESIDENCE (IF NURSING I	10
Md.	(
4 FATHER'S NAME	
FIRST	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.					
20 DATE OF DEATH MON	TH	DAY	YEAR	2b. HOL	JR A
3/	15/	184		11	:30
6 AGE (IN YEARS LAST BIRTHDAY	()	IF UNG	ER I YEAR	IF UNDER	24 HRS
73	YRS	MONTH	DAYS	HOURS	MIN
O BALTIMORE CITY OR C	OLINITY	VOED	EATH		

	(TYPE OR PRINT)	MIDDLE	CASI	26 DATE OF DEATH MONTH	DAY YEAR Zb. HOUR AL			
ı	Haven	Rollo	Zile	3/1	5/84 11:30			
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Male	White	9/1/1910 YEAR	73 YE	MONTHS DAYS HOURS MIN			
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH			
	Md.	U.S.A	WIDOWED DIVORCED	Carroll	County MD.			
	10 CITY OR 20WH ST DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION 128. KIND OF BUS				
4	Westminster	Carroll Con	nty General	Clerk	Produce			
	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE DE UNITY 136 CITY OR TO	DRE ADMISSION) WN 13d. INSIDE CITY LIMITS?	21-11				
	0 - 0		Bridges DX NO D	3 Locust S	t. 0////			
1	14 FATHER'S NAME	MIODLE LAST	15. MOTHER'S MAIDEN N.	AME	- 7			
4	Earnest	Zile	Elsie	WIOOFE	Crumbacker			
7	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC		ADDRESS	Bridge Md.			
ı	(YES, NO OR UNKNOWN) (IF YES, G	ne 213-01	-6021 Catherine	Zile 3 Loci	ust St.			
1	18 CAUSE OF DEATH Enter	only one cause per line for (a), (b), a		3 200	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ı	PART I. DEATH WAS CAUS		ADIO Dula	Anns	ST MANA			
ı	4140	000	The same of the sa	The state of the s	5/11/1			
ı	Conditions, if any, which	DUE TO, OR AS A CONSEOU	DENCE OF VCD	/				
ı	gove rise to immediate	(b)						
	underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF					
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(n)			
ı								
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED			
	HE -			YES TO NOTA IN CE	RTIFYING CAUSES OF DEATH?			
1	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)			
	OR COLUMN THE CALLS OF STREET	ZEMIN	DAY YEAR					
ı	(IF EITHER, NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	21f LOCATION					
ı	WHILE ONOT WHILE OF	(AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE			
1		pital) attended the deceased from	1965 19					
	sow the deceased plive of	not View the body after death.	, and that in (my) (our) apinion	n death occurred on the date and				
ı	22b. SKUP ATURE	O A THE BOOK OFFER GROWN	DEGREE		22c. DATE SIGNED			
	Jul K	X WA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/15/82			
1	22d. HYS CIAN'S NAME (TYPE	OPPRINT)	22e. ADDRESS	(IMON PRIDAS			
	V50 Ac1	ULEHIUH	104 N.	MALU 57.	MA.			
	VJOAN	ULETIUT	1/04/1/	IVOIN).				

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etained by the hospital or

TO HOSPITAL OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 1/76

230. BURIAL, CREMATION, REMOVAL (SPECIEV)

Burial EUNERAL DIRECTOR

3/18/84

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Pipe Creek Cem. | 250. DATE REC'D.

23d. LOCATION CITY OR TOWN

STATE

Carroll County Md.

BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

9 1984 Junia Davidson-Randelle MAR 19

Union Bridge Md.

(VR A 15 (4))

and Mental Hygiene priar ta burial, crematian,

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priar to

injury, or other tra

or frem 18 shows ony

IMPORTANT: If Item 21 is

it invocation is a sit of the line of destrict said the sai

No. of the Property of